## Case 16-14507 Doc 1 Filed 04/28/16 Entered 04/28/16 16:03:45 Desc Main Document Page 1 of 55

| Fill in this information to identify your case: |                               |                                   |
|---|-------------------------------|-----------------------------------|
| United States Bankruptcy Court for the:         |                               |                                   |
| NORTHERN DISTRICT OF ILLINOIS                   | _                             |                                   |
| Case number (if known)                          | Chapter you are filing under: |                                   |
|   | Chapter 7                     |                                   |
|   | ☐ Chapter 11                  |                                   |
|   | ☐ Chapter 12                  |                                   |
|   | ☐ Chapter 13                  | ☐ Check if this an amended filing |

## Official Form 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | rt 1: Identify Yourself  |  |  |   |
|-----|--|--|--|---|
|     |  | About Debtor 1:                          |  | About Debtor 2 (Spouse Only in a Joint Case): |
| 1.  | Your full name   |  |  |   |
|     | Write the name that is on  | Arther                                   |  |   |
|     | your government-issued picture identification (for example, your driver's  | on (for                                  |  | First name                                    |
|     | license or passport).  | Middle name                              |  | Middle name                                   |
|     | Bring your picture   | Robinson                                 |  |   |
|     | identification to your meeting with the trustee.   | Last name and Suffix (Sr., Jr., II, III) |  | Last name and Suffix (Sr., Jr., II, III)      |
| 2.  | All other names you have used in the last 8 years  |  |  |   |
|     | Include your married or maiden names.  |  |  |   |
| 3.  | Only the last 4 digits of<br>your Social Security<br>number or federal<br>Individual Taxpayer<br>Identification number<br>(ITIN) | xxx-xx-7545                              |  |   |

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Case number (if known)

Debtor 1 Arther Robinson

|    |   | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |
|----|---|---|--|
| 1. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years  Include trade names and doing business as names | ■ I have not used any business name or EINs.  Business name(s)  | ☐ I have not used any business name or EINs.  Business name(s)   |
|    |   | EINs  | EINs   |
| 5. | Where you live  | 824 N Springfield St. 2nd floor<br>Chicago, IL 60651  | If Debtor 2 lives at a different address:  |
|    |   | Number, Street, City, State & ZIP Code  | Number, Street, City, State & ZIP Code   |
|    |   | Cook  |  |
|    |   | County  | County   |
|    |   | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
|    |   | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code   |
| 6. | Why you are choosing this district to file for bankruptcy   | Check one:  Over the last 180 days before filing this petition,   | Check one:  ☐ Over the last 180 days before filing this petition, I  |
|    |   | I have lived in this district longer than in any other district.  | have lived in this district longer than in any other district.   |
|    |   | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)  | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)   |
|    |   |   |  |

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Document Case number (if known) Debtor 1 Arther Robinson

| Part | 2: Tell the Court About   | Your Ba     | nkruptcy Ca          | ise  |  |                  |  |   |
|------|---|-------------|----------------------|--|--|------------------|--|---|
| 7.   | The chapter of the Bankruptcy Code you are  |             |                      |  | ach, see <i>Notice Rec</i><br>ge 1 and check the a |                  |  | uals Filing for Bankruptcy  |
|      | choosing to file under  | ■ Cha       | apter 7              |  |  |                  |  |   |
|      |   | ☐ Cha       | apter 11             |  |  |                  |  |   |
|      |   | ☐ Cha       | apter 12             |  |  |                  |  |   |
|      |   | ☐ Cha       | apter 13             |  |  |                  |  |   |
|      |   |             |                      |  |  |                  |  |   |
| 8.   | How you will pay the fee  | a           | about how yo         | u may pay. Typicall attorney is submittir            | y, if you are paying                               | the fee yourself | f, you may pay with cash   | r local court for more details<br>a, cashier's check, or money<br>a credit card or check with |
|      |   |             | need to pay          | the fee in installme in Installme in Installments (O | nents. If you choose fficial Form 103A).           | this option, sig | n and attach the Applica   | ation for Individuals to Pay  |
|      |   |             | request tha          | t my fee be waived                                   | (You may request                                   | this option only | if you are filing for Chap   | oter 7. By law, a judge may,  |
|      |   | b           | out is not requently | uired to, waive your<br>ur family size and yo        | fee, and may do so                                 | only if your inc | ome is less than 150% only in the control of the co | of the official poverty line that this option, you must fill out                              |
|      |   |             |                      |  |  |                  | orm 103B) and file it with   |   |
|      |   |             |                      |  |  |                  |  |   |
| 9.   | Have you filed for bankruptcy within the last 8 years?                                | □ No. ■ Yes |                      |  |  |                  |  |   |
|      | last o years:   | - 165       | District             | NDIL ch7   | When   | 10/13/05         | Case number  | 05-52589 disch  |
|      |   |             | District             | HDIL CIII  | When   | 10/13/03         | Case number  | 03-32303 discii   |
|      |   |             | District             |  | When   |                  | Case number  |   |
|      |   |             |                      | -  | <del></del> -                                      |                  |  |   |
| 10.  | Are any bankruptcy  | ■ No        |                      |  |  |                  |  |   |
|      | cases pending or being filed by a spouse who is                                       | ☐ Yes       | _                    |  |  |                  |  |   |
|      | not filing this case with<br>you, or by a business<br>partner, or by an<br>affiliate? |             | •                    |  |  |                  |  |   |
|      |   |             | Debtor               |  |  |                  | Relationship to y  | ou  |
|      |   |             | District             |  | When   |                  | Case number, if  | known   |
|      |   |             | Debtor               |  |  |                  | Relationship to y  | /ou   |
|      |   |             | District             |  | When   |                  | Case number, if  | known   |
| 11.  | Do you rent your  | □ No.       | Go to li             | ine 12.  |  |                  |  |   |
|      | residence?  | ■ Yes       | . Has yo             | ur landlord obtained                                 | d an eviction judgme                               | ent against you  | and do you want to stay  | in your residence?  |
|      |   |             | •                    | No. Go to line 12.                                   |  |                  |  |   |
|      |   |             |                      | Yes. Fill out <i>Initial</i> shankruptcy petition    |  | Eviction Judgn   | nent Against You (Form   | 101A) and file it with this   |
|      |   |             |                      |  |  |                  |  |   |

Document Page 4 of 55 Case number (if known) Debtor 1 Arther Robinson Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor of any full- or part-time No. Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of Bankruptcy Code and are operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy □ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any ■ No. property that poses or is alleged to pose a threat ☐ Yes. of imminent and What is the hazard? identifiable hazard to public health or safety? Or do you own any If immediate attention is property that needs immediate attention? needed, why is it needed?

Number, Street, City, State & Zip Code

Where is the property?

For example, do you own perishable goods, or livestock that must be fed,

or a building that needs urgent repairs?

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Debtor 1 Arther Robinson Document P

Part 5:

## ether

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

Explain Your Efforts to Receive a Briefing About Credit Counseling

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

Case number (if known)

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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| Deb  | tor 1 Arther Robinson   |   | Document  | raye 0 01 55   | Case number (if know        | vn)  |
|------|---|---|---|--|-----------------------------|--|
| Part | 6: Answer These Quest   | ions for Re                               | porting Purposes  |  |                             |  |
| 16.  | What kind of debts do you have?   | 16a.                                      |   | er debts? Consumer of amily, or household pur  | debts are defined in rose." | 11 U.S.C. § 101(8) as "incurred by an  |
|      |   |   | ☐ No. Go to line 16b.   |  |                             |  |
|      |   |   | Yes. Go to line 17.   |  |                             |  |
|      |   |   | Are your debts primarily busines money for a business or investmen              |  |                             |  |
|      |   |   | ☐ No. Go to line 16c.   |  |                             |  |
|      |   |   | ☐ Yes. Go to line 17.   |  |                             |  |
|      |   | 16c.                                      | State the type of debts you owe tha   | t are not consumer deb   | ots or business debts       | 5  |
| 17.  | Are you filing under<br>Chapter 7?  | □ No.                                     | I am not filing under Chapter 7. Go   | to line 18.  |                             |  |
|      | Do you estimate that after any exempt property is excluded and administrative expenses  | <b>—</b> 103.                             | I am filing under Chapter 7. Do you are paid that funds will be available  ■ No |  |                             | excluded and administrative expenses   |
|      | are paid that funds will<br>be available for<br>distribution to unsecured<br>creditors? |   | □ Yes   |  |                             |  |
| 18.  | How many Creditors do you estimate that you owe?  | ■ 1-49<br>□ 50-99<br>□ 100-19<br>□ 200-99 | 9   | □ 1,000-5,000<br>□ 5001-10,000<br>□ 10,001-25,000  |                             | ☐ 25,001-50,000<br>☐ 50,001-100,000<br>☐ More than100,000  |
| 19.  | How much do you estimate your assets to be worth?                                       | □ \$100,0                                 | 0,000   | □ \$1,000,001 - \$10 m □ \$10,000,001 - \$50 □ \$50,000,001 - \$100 □ \$100,000,001 - \$50 | million [<br>million [      | \$500,000,001 - \$1 billion \$1,000,000,001 - \$10 billion \$10,000,000,001 - \$50 billion More than \$50 billion          |
| 20.  | How much do you estimate your liabilities to be?  | □ \$100,0                                 | 0,000<br>01 - \$100,000<br>01 - \$500,000<br>01 - \$1 million                   | □ \$1,000,001 - \$10 m □ \$10,000,001 - \$50 □ \$50,000,001 - \$100 □ \$100,000,001 - \$50 | million [                   | \$500,000,001 - \$1 billion<br>\$1,000,000,001 - \$10 billion<br>\$10,000,000,001 - \$50 billion<br>More than \$50 billion |
| Part | 7: Sign Below   |   |   |  |                             |  |
| For  | you   | I have exa                                | mined this petition, and I declare ur   | nder penalty of perjury t  | that the information        | provided is true and correct.  |
|      |   |   | nosen to file under Chapter 7, I am attes Code. I understand the relief av      |  |                             |  |
|      |   |   | ney represents me and I did not pay<br>I have obtained and read the notic       |  |                             | orney to help me fill out this   |
|      |   | I request r                               | elief in accordance with the chapter  | of title 11, United State  | es Code, specified ir       | n this petition.   |
|      |   | bankruptcy<br>and 3571.                   | ,   |  |                             | erty by fraud in connection with a or both. 18 U.S.C. §§ 152, 1341, 1519,  |
|      |   | Arther R                                  | r Robinson<br>obinson<br>of Debtor 1  | Signa  | ture of Debtor 2            |  |
|      |   | Executed                                  | on April 28, 2016<br>MM / DD / YYYY   | Execu  | mted on MM / DD /           | YYYY   |

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Debtor 1 Arther Robinson Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Rupa Sanghani                             | Date          | April 28, 2016          |
|---|---------------|-------------------------|
| Signature of Attorney for Debtor              |               | MM / DD / YYYY          |
| Rupa Sanghani Printed name                    |               |                         |
| Ross H Briggs<br>Firm name                    |               |                         |
| 1525 E 53rd St. Ste. 423<br>Chicago, IL 60615 |               |                         |
| Number, Street, City, State & ZIP Code        |               |                         |
| Contact phone <b>773-220-7007</b>             | Email address | firm13chicago@gmail.com |
| IL#6300758                                    |               |                         |
| Bar number & State                            |               |                         |

|                     |                          | DOCUM             | <u>:01 Page 8 01 5</u> | ).5 |                                    |
|---------------------|--------------------------|-------------------|------------------------|-----|------------------------------------|
| Fill in this infor  | mation to identify your  | case:             |                        |     |                                    |
| Debtor 1            | Arther Robinson          |                   |                        |     |                                    |
|                     | First Name               | Middle Name       | Last Name              |     |                                    |
| Debtor 2            |                          |                   |                        |     |                                    |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name              |     |                                    |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS            |     |                                    |
| Case number         |                          |                   |                        |     |                                    |
| (if known)          |                          |                   |                        |     | Check if this is ar amended filing |
|                     |                          |                   |                        |     | amended ming                       |

### Official Form 106Sum

## Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| Par | 1: Summarize Your Assets  |              |                               |
|-----|---|--------------|-------------------------------|
|     |   | Your a       | ssets<br>If what you own      |
| 1.  | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B   | \$           | 0.00                          |
|     | 1b. Copy line 62, Total personal property, from Schedule A/B  | \$           | 3,852.75                      |
|     | 1c. Copy line 63, Total of all property on Schedule A/B   | \$           | 3,852.75                      |
| Par | 2: Summarize Your Liabilities   |              |                               |
|     |   |              | <b>abilities</b><br>t you owe |
| 2.  | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$           | 0.00                          |
| 3.  | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                           | \$           | 0.00                          |
|     | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F   | \$           | 24,587.49                     |
|     | Your total liabilities  | \$           | 24,587.49                     |
| Par | 3: Summarize Your Income and Expenses   |              |                               |
| 4.  | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I   | \$           | 1,742.31                      |
| 5.  | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J   | \$           | 1,665.00                      |
| Par | 4: Answer These Questions for Administrative and Statistical Records  |              |                               |
| 6.  | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                    | ur other sch | nedules.                      |
| 7.  | Yes What kind of debt do you have?  |              |                               |
|     | Vous debte are primarily consumer debte. Consumer debte are those "incurred by an individual primarily for  | n noroonal   | family or                     |

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

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| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form | l |
|----|--|---|
|    | 122A-1 Line 11; <b>OR</b> , Form 122B Line 11; <b>OR</b> , Form 122C-1 Line 14.                              | l |

388.31

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on Schedule E/F, copy the following:   | Total claim |      |
|--|-------------|------|
| 1 Tolli 1 alt 4 on Schedule Lif, copy the following.   |             |      |
| 9a. Domestic support obligations (Copy line 6a.)   | \$          | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$          | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$          | 0.00 |
| 9d. Student loans. (Copy line 6f.)   | \$          | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$          | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$         | 0.00 |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$          | 0.00 |

|  |  |  | Document  | Page 10 of 55   |  |  |  |
|--|--|--|---|---|--|--|--|
| nis informa  | ation to identify your   | case and t   | his filing:   |   |  |  |  |
|  | Arther Robinson  |  |   |   |  |  |  |
|  | First Name   |  | e Name  | Last Name   |  |  |  |
| 2  |  |  |   |   |  |  |  |
| filing)  | First Name   | Middl  | e Name  | Last Name   |  |  |  |
| States Banl  | kruptcy Court for the:   | NORTHER  | RN DISTRICT OF I  | LLINOIS   |  |  |  |
|  |  |  |   |   |  |  |  |
| ımber  |  |  |   |   |  |  | Check if this is an  |
|  |  |  |   |   |  |  | amended filing   |
|  |  |  |   |   |  |  |  |
| al For   | m 106A/B   |  |   |   |  |  |  |
|  |  | ortv   |   |   |  |  |  |
|  |  |  |   |   |  |  | 12/15  |
| s best. Be<br>on. If more  | as complete and accura<br>space is needed, attach  | ate as possib  | le. If two married pe   | eople are filing together, both a   | re equally responsible for   | supply   | ing correct  |
| Describe E   | ach Residence, Building  | g, Land, or O  | ther Real Estate You  | u Own or Have an Interest In  |  |  |  |
| 1 OWN 0 - b -  | wo any logal or actit-t-   | la interest in   | any rosidones built   | ling land or similar properties   |  |  |  |
| i own or na  | ive any legal or equitable   | e interest in a  | any residence, build  | iling, iand, or similar property?   |  |  |  |
| Go to Part 2   | 2.   |  |   |   |  |  |  |
| . Where is t   | the property?  |  |   |   |  |  |  |
|  |  |  |   |   |  |  |  |
| Describe Y   | our Vehicles   |  |   |   |  |  |  |
| vans, truc   | cks, tractors, sport u   | tility venicie   | s, motorcycles  |   |  |  |  |
| В  |  |  |   |   | Do not doduct acquires   |  |  |
| lake: B  | uick   | W  | /ho has an interest i   | n the property? Check one   |  |  | or exemptions. Put   |
|  |  |  | _   | n the property? Check one   | the amount of any sec<br>Creditors Who Have C  | ured cla   | ims on Schedule D:   |
| lodel: R   | uick<br>egal<br>003  |  | Debtor 1 only   | n the property? Check one   | the amount of any sec<br>Creditors Who Have C  | ured cla<br>Claims S   | ims on Schedule D:<br>ecured by Property.  |
| lodel: R   | egal<br>003  |  | _   |   | the amount of any sec  | ured cla<br>Claims S<br>Cu   | ims on Schedule D:   |
| lodel: Rear: 20  | egal<br>003<br>mileage: 200  | 0,000  | Debtor 1 only Debtor 2 only   | or 2 only   | the amount of any sec<br>Creditors Who Have C  | ured cla<br>Claims S<br>Cu   | ims on Schedule D:<br>ecured by Property.  |
| lodel: Rear: 20  | egal 003 mileage: 200 ation:   | 0,000  | Debtor 1 only Debtor 2 only Debtor 1 and Debto  | or 2 only   | the amount of any sec<br>Creditors Who Have C<br>Current value of the<br>entire property?  | ured cla<br>Claims S<br>Cu<br>po   | ims on Schedule D:<br>ecured by Property.<br>irrent value of the<br>rtion you own?                                   |
| lodel: Rear: 20 pproximate other informate   | egal 003 mileage: 200 ation:   | ),000 C  | Debtor 1 only Debtor 2 only Debtor 1 and Debto  | or 2 only<br>debtors and another  | the amount of any sec<br>Creditors Who Have C  | ured cla<br>Claims S<br>Cu<br>po   | ims on Schedule D:<br>ecured by Property.  |
| pproximate the information of th | egal 003 mileage: 200 ation: r craft, motor homes, A s, trailers, motors, pers   | ATVs and ot sonal watercrive. Write that   | Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor At least one of the of Check if this is co (see instructions) Cher recreational veraft, fishing vessels r all of your entried number here   | or 2 only debtors and another  mmunity property  rehicles, other vehicles, and s, snowmobiles, motorcycle a   | the amount of any sec Creditors Who Have C Current value of the entire property? \$2,075.00 d accessories ccessories   | Curred Cla   | ims on Schedule D:<br>ecured by Property.<br>irrent value of the<br>rtion you own?                                   |
|  | filing) tates Ban mber  al For edule tegory, se so best. Be so best. Be every questi Describe E own or ha Go to Part : Where is: Describe Y own, lease else drive vans, true | Arther Robinson First Name  tates Bankruptcy Court for the: mber  al Form 106A/B  edule A/B: Prop  tegory, separately list and descrits best. Be as complete and accurrency question.  Describe Each Residence, Building own or have any legal or equitable  Go to Part 2.  Where is the property?  Describe Your Vehicles  own, lease, or have legal or equitable else drives. If you lease a vehice vans, trucks, tractors, sport united the services of the | Arther Robinson First Name Middl filling) First Name Middl tates Bankruptcy Court for the: NORTHER mber  al Form 106A/B  edule A/B: Property  tegory, separately list and describe items. List is best. Be as complete and accurate as possib on. If more space is needed, attach a separate sorry question.  Describe Each Residence, Building, Land, or Or own or have any legal or equitable interest in a Go to Part 2.  Where is the property?  Describe Your Vehicles  Town, lease, or have legal or equitable interest else drives. If you lease a vehicle, also reported the service of | Arther Robinson First Name Middle Name  tates Bankruptcy Court for the: NORTHERN DISTRICT OF I  mber  al Form 106A/B  edule A/B: Property  tegory, separately list and describe items. List an asset only once, so best. Be as complete and accurate as possible. If two married pens, if more space is needed, attach a separate sheet to this form. Overy question.  Describe Each Residence, Building, Land, or Other Real Estate You own or have any legal or equitable interest in any residence, building to property?  Describe Your Vehicles  Town, lease, or have legal or equitable interest in any vehicle else drives. If you lease a vehicle, also report it on Schedule Covans, trucks, tractors, sport utility vehicles, motorcycles | Arther Robinson First Name Middle Name Last Name tates Bankruptcy Court for the:  NORTHERN DISTRICT OF ILLINOIS  Modern 106A/B  Are are a seed only once. If an asset fits in more than one of the specific property  Regory, separately list and describe items. List an asset only once. If an asset fits in more than one of the specific property of t | Arther Robinson First Name Middle Name Last Name Last Name tates Bankruptcy Court for the:  NORTHERN DISTRICT OF ILLINOIS  Middle A/B: Property  Is best. Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for no. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and overey question.  Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In  own or have any legal or equitable interest in any residence, building, land, or similar property?  Go to Part 2.  Where is the property?  Describe Your Vehicles  wwn, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.  vans, trucks, tractors, sport utility vehicles, motorcycles | Arther Robinson First Name Middle Name Last Name tates Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS  mber |

Examples: Major appliances, furniture, linens, china, kitchenware

□ No

Official Form 106A/B Schedule A/B: Property

| Debtor 1                       | Document Page 11 of 55  Arther Robinson  Case 10-14507 DOC1 Filed 04/28/16 Entered 04/28/16 16.03.45  Document Page 11 of 55  Case number (if known)                                       | Desc Main   |
|--------------------------------|--|---|
| ■ Yes.                         | Describe   |   |
|                                | Furniture  | \$1,200.00  |
| □No                            | nics es: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music c including cell phones, cameras, media players, games  Describe        | collections; electronic devices   |
|                                | Electronics  | \$200.00  |
| Examp                          | bles of value les: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, other collections, memorabilia, collectibles  Describe | , or baseball card collections;   |
| Examp<br>■ No                  | ent for sports and hobbies es: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes musical instruments  Describe                    | and kayaks; carpentry tools;  |
| 10. <b>Firear</b><br>Exam      |  |   |
| □ No                           | s  bles: Everyday clothes, furs, leather coats, designer wear, shoes, accessories  Describe  |   |
|                                | Clothing   | \$150.00  |
| ■ No □ Yes.  13. <b>Non-fa</b> | y  oles: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, g  Describe  rm animals  oles: Dogs, cats, birds, horses                     | gold, silver  |
|                                | Describe   |   |
| ■ No                           | her personal and household items you did not already list, including any health aids you did not list  Give specific information   |   |
|                                | the dollar value of all of your entries from Part 3, including any entries for pages you have attached art 3. Write that number here   | \$1,550.00  |
|                                | scribe Your Financial Assets   |   |
| Do you o                       | vn or have any legal or equitable interest in any of the following?  | Current value of the portion you own? Do not deduct secured claims or exemptions. |

Official Form 106A/B Schedule A/B: Property page 2

Page 12 of 55
Case number (if known) Document Debtor 1 **Arther Robinson** 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition \$50.00 Cash 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. □ No Institution name: ■ Yes..... Checking **BMO Harris Bank** \$177.75 17.1. 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ■ No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. No ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ☐ Yes. List each account separately. Institution name: Type of account: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others ■ No Institution name or individual: ☐ Yes. ..... 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ■ No ☐ Yes. Give specific information about them...

Case 16-14507

Doc 1

Filed 04/28/16

Entered 04/28/16 16:03:45

Desc Main

|      |                      | Case 16-14507  | Doc 1            | Filed 04/28/16<br>Document | Page 13 of 55  | Desc Main   |
|------|----------------------|--|------------------|----------------------------|--|---|
| De   | btor 1               | Arther Robinson  |                  |                            | Case number (if known)                                       |   |
|      | Examp<br>■ No        | es, franchises, and other bles: Building permits, exclu  | sive licenses,   |                            | n holdings, liquor licenses, professional licens             | es  |
|      |                      | oroperty owed to you?  |                  |                            |  | Current value of the  |
| 1410 | nicy of p            | stoperty owed to you!  |                  |                            |  | portion you own?  Do not deduct secured claims or exemptions. |
|      | No                   | unds owed to you  Give specific information ab   | oout them, inc   | luding whether you alre    | ady filed the returns and the tax years                      |   |
|      | Examp<br>■ No        | support  bles: Past due or lump sum  Give specific information   |                  | sal support, child suppo   | ort, maintenance, divorce settlement, property               | settlement  |
| ı    | Examp<br>■ No        | imounts someone owes y<br>les: Unpaid wages, disabili<br>benefits; unpaid loans<br>Give specific information | ty insurance p   |                            | efits, sick pay, vacation pay, workers' comper               | nsation, Social Security                                      |
|      | <i>Examp</i><br>■ No | Name the insurance compa   |                  |                            | HSA); credit, homeowner's, or renter's insurar  Beneficiary: | Surrender or refund   |
| 1    | If you a someon      | erest in property that is dare the beneficiary of a living the has died.  Give specific information          |                  |                            | ed<br>surance policy, or are currently entitled to rece      | value:<br>eive property because                               |
|      | <i>Examp</i><br>■ No | against third parties, who les: Accidents, employmen Describe each claim                                     |                  |                            | it or made a demand for payment to sue                       |   |
|      | No                   | contingent and unliquidate  Describe each claim  | ed claims of     | every nature, including    | g counterclaims of the debtor and rights to                  | set off claims  |
|      | No                   | ancial assets you did not Give specific information  | already list     |                            |  |   |
| 36.  |                      |  |                  |                            | ny entries for pages you have attached                       | \$227.75  |
| Par  | t 5: Des             | scribe Any Business-Related  | Property You     | Own or Have an Interest I  | n. List any real estate in Part 1.                           |   |
| 37.  | Do you o             | own or have any legal or equi  | table interest i | n any business-related p   | roperty?   |   |
| _    | _                    | to Part 6.   |                  |                            |  |   |
|      | Yes. G               | to to line 38.   |                  |                            |  |   |

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| Der  | lOI         | Artner Robinson  | Case number (if known)                       |        |
|------|-------------|--|--|--------|
|      |             |  |  |        |
| Part | 6:          | <b>Describe Any Farm- and Commercial Fishing-Related Property</b> If you own or have an interest in farmland, list it in Part 1. | You Own or Have an Interest In.              |        |
| 16.  | Do :        | ou own or have any legal or equitable interest in any fa   | arm- or commercial fishing-related property? |        |
|      |             | No. Go to Part 7.  |  |        |
|      |             | res. Go to line 47.  |  |        |
|      |             |  |  |        |
| Part | 7:          | Describe All Property You Own or Have an Interest in Tha   | t You Did Not List Above                     |        |
| _    | Exa         | you have other property of any kind you did not already amples: Season tickets, country club membership                          | list?  |        |
| _    | N           |  |  |        |
| L    | <b>」</b> Y₁ | es. Give specific information  |  |        |
| 54.  | Ac          | d the dollar value of all of your entries from Part 7. Writ  | te that number here                          | \$0.00 |
| Part | 8:          | List the Totals of Each Part of this Form  |  |        |
| 55.  | Pa          | rt 1: Total real estate, line 2  |  | \$0.00 |
| 56.  | Pa          | rt 2: Total vehicles, line 5   | \$2,075.00                                   |        |
| 57.  | Pa          | rt 3: Total personal and household items, line 15  | \$1,550.00                                   |        |
| 58.  | Pa          | rt 4: Total financial assets, line 36  | \$227.75                                     |        |
| 59.  | Pa          | rt 5: Total business-related property, line 45   | \$0.00                                       |        |
| 60.  | Pa          | rt 6: Total farm- and fishing-related property, line 52  | \$0.00                                       |        |
| 61.  | Pa          | rt 7: Total other property not listed, line 54   | + \$0.00                                     |        |

\$3,852.75

Copy personal property total

Official Form 106A/B Schedule A/B: Property page 5

62. **Total personal property.** Add lines 56 through 61...

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$3,852.75

\$3,852.75

|                      |                        | 17(7(.1111))      | JII         | 7. / |
|----------------------|------------------------|-------------------|-------------|------|
| Fill in this informa | ation to identify your | case:             |             |      |
| Debtor 1             | Arther Robinson        |                   |             |      |
|                      | First Name             | Middle Name       | Last Name   |      |
| Debtor 2             |                        |                   |             |      |
| (Spouse if, filing)  | First Name             | Middle Name       | Last Name   |      |
| United States Bank   | kruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS |      |
| Case number          |                        |                   |             |      |
| (if known)           |                        |                   |             |      |
|                      |                        |                   |             |      |

### Official Form 106C

## Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: | Identify | the I | Property | You | Claim a | s Exemp | ıt |
|---------|----------|-------|----------|-----|---------|---------|----|
|---------|----------|-------|----------|-----|---------|---------|----|

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Current value of the portion you own | Amount of the exemption you claim |   | Specific laws that allow exemption   |  |
|--------------------------------------|-----------------------------------|---|--|--|
| Copy the value from<br>Schedule A/B  | Che                               | eck only one box for each exemption.                            |  |  |
| \$2,075.00                           |                                   | \$2,075.00  | 735 ILCS 5/12-1001(c)  |  |
|                                      |                                   | 100% of fair market value, up to any applicable statutory limit |  |  |
| \$1,200.00                           |                                   | \$1,200.00  | 735 ILCS 5/12-1001(b)  |  |
|                                      |                                   | 100% of fair market value, up to any applicable statutory limit |  |  |
| \$200.00                             |                                   | \$200.00  | 735 ILCS 5/12-1001(b)  |  |
|                                      |                                   | 100% of fair market value, up to any applicable statutory limit |  |  |
| \$150.00                             |                                   | \$150.00  | 735 ILCS 5/12-1001(a)  |  |
|                                      |                                   | 100% of fair market value, up to any applicable statutory limit |  |  |
| \$50.00                              |                                   | \$50.00   | 735 ILCS 5/12-1001(b)  |  |
|                                      |                                   | 100% of fair market value, up to any applicable statutory limit |  |  |
|                                      | \$2,075.00 \$1,200.00 \$150.00    | \$200.00 \$150.00 \$50.00 \$\$50.00                             | Copy the value from Schedule A/B  \$2,075.00  \$2,075.00  \$1,00% of fair market value, up to any applicable statutory limit  \$1,200.00  \$100% of fair market value, up to any applicable statutory limit  \$200.00  \$100% of fair market value, up to any applicable statutory limit  \$100% of fair market value, up to any applicable statutory limit  \$100% of fair market value, up to any applicable statutory limit  \$150.00  \$150.00  \$50.00  \$100% of fair market value, up to any applicable statutory limit |  |

Case 16-14507 Doc 1 Filed 04/28/16 Entered 04/28/16 16:03:45 Desc Main Document Page 16 of 55 Case number (if known) Debtor 1 Arther Robinson Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B **Checking: BMO Harris Bank** 735 ILCS 5/12-1001(b) \$177.75 \$177.75 Line from Schedule A/B: 17.1 100% of fair market value, up to any applicable statutory limit 3. Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.) Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

Yes

| Fill in this infor  | mation to identify your  | case:             |             |           |
|---------------------|--------------------------|-------------------|-------------|-----------|
| Debtor 1            | Arther Robinson          |                   |             |           |
|                     | First Name               | Middle Name       | Last Name   |           |
| Debtor 2            |                          |                   |             |           |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name   |           |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS |           |
| Case number         |                          |                   |             |           |
| (if known)          |                          |                   |             | ☐ Check i |
|                     |                          |                   |             | amend     |

### Official Form 106D

### Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
  - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below.

|                              | Out   | 30 10 1-007 1                                      | Document  | Page 1                                    | 8 of 55  | Best Main   |
|------------------------------|---|--|---|---|--|---|
| Fill in                      | this inform   | ation to identify your                             |   |   |  |   |
| Debto                        | or 1  | Arther Robinson                                    |   |   |  |   |
|                              |   | First Name   | Middle Name   | Last Name                                 |  |   |
| Debto                        |   | First Name   | Middle Norre  | Last Name                                 |  |   |
| (Spouse                      | e if, filing)                                       | First Name   | Middle Name   | Last Name                                 |  |   |
| United                       | d States Ban  | kruptcy Court for the:                             | NORTHERN DISTRICT OF ILL  | INOIS                                     |  |   |
| Case                         | number  |  |   |   |  |   |
| (if know                     |   |  |   |   |  | ☐ Check if this is an   |
|                              |   |  |   |   |  | amended filing  |
| ∩ffic                        | ial Form  | 106E/E   |   |   |  |   |
|                              |   |  | ho Have Unsecured   | Claime                                    |  | 12/15   |
|                              |   |  |   |   | Part 2 for creditors with NONDRI   | ORITY claims. List the other party to                             |
| ichedu<br>ichedu<br>eft. Att | ule G: Executo<br>ule D: Creditor<br>tach the Conti | ory Contracts and Unexp<br>ors Who Have Claims Sec | that could result in a claim. Also lie<br>ired Leases (Official Form 106G). Do<br>ured by Property. If more space is n<br>le. If you have no information to rep | o not include<br>leeded, copy             | any creditors with partially secu<br>the Part you need, fill it out, num | red claims that are listed in ber the entries in the boxes on the |
| Part 1                       | List All  | of Your PRIORITY Un                                | secured Claims  |   |  |   |
| 1. Do                        | o any creditor                                      | rs have priority unsecure                          | d claims against you?   |   |  |   |
|                              | No. Go to Pa  | art 2.   |   |   |  |   |
|                              | Yes.  |  |   |   |  |   |
| Part 2                       | List All  | of Your NONPRIORIT                                 | Y Unsecured Claims  |   |  |   |
| 3. Do                        | o any creditor                                      | rs have nonpriority unsec                          | cured claims against you?   |   |  |   |
|                              | No. You have  | e nothing to report in this p                      | art. Submit this form to the court with y   | our other sche                            | edules.  |   |
| •                            | Yes.  |  |   |   |  |   |
| un<br>tha                    | nsecured claim                                      | , list the creditor separately                     | aims in the alphabetical order of the<br>y for each claim. For each claim listed,<br>ist the other creditors in Part 3.If you h                                 | identify what t                           | ype of claim it is. Do not list claims                                   | already included in Part 1. If more                               |
|                              |   |  |   |   |  | Total claim   |
| 4.1                          | Adventis  | st Hinsdale Hospita                                | Last 4 digits of acco   | ount number                               | 3329   | \$279.12  |
|                              |   | Creditor's Name                                    | When we the debt  | !   | 2000   |   |
|                              | P.O. Box<br>Hinsdale                                | e, IL 60522  | When was the debt   | incurrea?                                 | 2006   |   |
|                              | Number Str  | reet City State Zlp Code                           | As of the date you f  | ile, the claim i                          | s: Check all that apply  |   |
|                              | Who incurr  | red the debt? Check one.                           |   |   |  |   |
|                              | Debtor 1  | 1 only   | ☐ Contingent  |   |  |   |
|                              | Debtor 2  | 2 only   | ☐ Unliquidated  |   |  |   |
|                              |   |  | Пъ  |   |  |   |
|                              | Debtor 1  | 1 and Debtor 2 only                                | ☐ Disputed  |   |  |   |
|                              | _   | 1 and Debtor 2 only one of the debtors and and     | other Type of NONPRIOR  | ITY unsecured                             | d claim:   |   |
|                              | ☐ At least☐ Check i                                 | ·  | Type of NONPRIORI munity Student loans  |   |  |   |
|                              | ☐ At least ☐ Check it debt                          | one of the debtors and and                         | ther Type of NONPRIORI munity ☐ Student loans ☐ Obligations arising   | g out of a sepa                           | d claim:   | ou did not  |
|                              | ☐ At least ☐ Check it debt Is the claim             | one of the debtors and and                         | ther Type of NONPRIORI munity ☐ Student loans ☐ Obligations arising report as priority claim  | g out of a sepa                           | rration agreement or divorce that yo                                     | ou did not  |
|                              | ☐ At least ☐ Check it debt                          | one of the debtors and and                         | ther Type of NONPRIORI munity ☐ Student loans ☐ Obligations arising report as priority claim  | g out of a sepa<br>ns<br>or profit-sharin |  | ou did not  |

Document Page 19 of 55 Debtor 1 Arther Robinson Case number (if know) 4.2 \$0.00 AmeriCredit/GM Financial Last 4 digits of account number 1963 Nonpriority Creditor's Name Opened 4/01/07 Last Active Po Box 183583 When was the debt incurred? 2/28/13 Arlington, TX 76096 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Notice Only** Other. Specify 4.3 6651 Aspire Last 4 digits of account number \$0.00 Nonpriority Creditor's Name Opened 2/16/06 Last Active Po Box 105555 When was the debt incurred? 10/09/07 Atlanta, GA 30348 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only □ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Notice Only ☐ Yes 4.4 Last 4 digits of account number 0450 \$0.00 Cap One Nonpriority Creditor's Name Opened 10/01/98 Last Active 12447 Sw 69th Ave When was the debt incurred? 9/13/04 Tigard, OR 97223 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

■ Other. Specify Notice Only

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| 4.5 | Capital One   | Last 4 digits of account number                            | 4164  | \$9,056.00 |  |
|-----|---|--|---|------------|--|
|     | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 30285   | When was the debt incurred?                                | Opened 6/01/06 Last Active 6/08/09            |            |  |
|     | Salt Lake City, UT 84130  Number Street City State Zlp Code  Who incurred the debt? Check one.            | As of the date you file, the claim                         |   |            |  |
|     | Debtor 1 only   | ☐ Contingent   |   |            |  |
|     | Debtor 2 only   | ☐ Unliquidated   |   |            |  |
|     | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |            |  |
|     | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecure                               | ed claim:                                     |            |  |
|     | ☐ Check if this claim is for a community  | ☐ Student loans  |   |            |  |
|     | debt  | Obligations arising out of a sep report as priority claims | aration agreement or divorce that you did not |            |  |
|     | Is the claim subject to offset?   | Debts to pension or profit-shari                           | ng plans, and other similar debts             |            |  |
|     | Yes   | Other. Specify Credit Car                                  |   |            |  |
| 4.6 | Capital One Bank (USA), N.A.  | Last 4 digits of account number                            | 2064  | \$0.00     |  |
|     | Nonpriority Creditor's Name c/o FREEDMAN ANSELMO LINDBERG   | When was the debt incurred?                                | 2010  |            |  |
|     | 1771 W DIEHL 150 Naperville, IL 60566 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim                         | is: Check all that apply                      |            |  |
|     | ■ Debtor 1 only   | ☐ Contingent   |   |            |  |
|     | ☐ Debtor 2 only   | ☐ Unliquidated   |   |            |  |
|     | Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |            |  |
|     | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecure                               | ed claim:                                     |            |  |
|     | ☐ Check if this claim is for a community  | ☐ Student loans  |   |            |  |
|     | debt<br>Is the claim subject to offset?   | Obligations arising out of a sep report as priority claims | aration agreement or divorce that you did not |            |  |
|     | ■ No  | Debts to pension or profit-shari                           | ng plans, and other similar debts             |            |  |
|     | Yes   | Other. Specify Notice Onl                                  | <u>ly</u>                                     |            |  |
| 4.7 | Capital One Bank NA Nonpriority Creditor's Name   | Last 4 digits of account number                            | 0311  | \$0.00     |  |
|     | c/o FirstSource Advantage LLC P.O. Box 628  | When was the debt incurred?                                | 2010  |            |  |
|     | Number Street City State Zlp Code Who incurred the debt? Check one.                                       | As of the date you file, the claim                         | is: Check all that apply                      |            |  |
|     | Debtor 1 only   | ☐ Contingent   |   |            |  |
|     | ☐ Debtor 2 only   | ☐ Unliquidated   |   |            |  |
|     | Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |            |  |
|     | $\square$ At least one of the debtors and another   | Type of NONPRIORITY unsecure                               | ed claim:                                     |            |  |
|     | Check if this claim is for a community  | Student loans  |   |            |  |
|     | debt Is the claim subject to offset?  | Obligations arising out of a sep report as priority claims | aration agreement or divorce that you did not |            |  |
|     | ■ No  | Debts to pension or profit-shari                           | ng plans, and other similar debts             |            |  |
|     | ☐ Yes   | ■ Other. Specify Notice Onl                                | ly  |            |  |
|     |   | · · · · · · · · · · · · · · · · · · ·                      |   |            |  |

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| 1 Arther Robinson  | Case number (if know)  |          |
|--|--|----------|
| Capital One Bank USA NA  | Last 4 digits of account number 0649   | \$0.00   |
| Nonpriority Creditor's Name c/o Blitte and Gaines PC 661 Glen Ave Wheeling, IL 60090 | When was the debt incurred? 2015   |          |
| Number Street City State Zlp Code  Who incurred the debt? Check one.                 | As of the date you file, the claim is: Check all that apply  |          |
| ■ Debtor 1 only  | ☐ Contingent   |          |
| ☐ Debtor 2 only  | ☐ Unliquidated   |          |
| ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |          |
| ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:   |          |
| ☐ Check if this claim is for a community   | ☐ Student loans  |          |
| debt Is the claim subject to offset?   | $\hfill \square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |          |
| ■ No   | $\square$ Debts to pension or profit-sharing plans, and other similar debts  |          |
| Yes  | ■ Other. Specify Notice Only   |          |
| CBCS/ AT&T Midwest   | Last 4 digits of account number 7466   | \$68.41  |
| Nonpriority Creditor's Name PO Box 163250 Columbus, OH 43216                         | When was the debt incurred? 2010   |          |
| Number Street City State Zlp Code  | As of the date you file, the claim is: Check all that apply  |          |
| Who incurred the debt? Check one.  |  |          |
| ■ Debtor 1 only  | ☐ Contingent   |          |
| ☐ Debtor 2 only  | ☐ Unliquidated   |          |
| ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |          |
| ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:   |          |
| ☐ Check if this claim is for a community   | ☐ Student loans  |          |
| debt Is the claim subject to offset?   | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims                |          |
| No   | ☐ Debts to pension or profit-sharing plans, and other similar debts  |          |
| Yes  | ■ Other. Specify Collections   |          |
|  |  |          |
| Cci  | Last 4 digits of account number 6620   | \$119.00 |
| Nonpriority Creditor's Name  Contract Callers I                                      | When was the debt incurred?  |          |
| Augusta, GA 30901  Number Street City State Zlp Code                                 | As of the date you file, the claim is: Check all that apply  |          |
| Who incurred the debt? Check one.  |  |          |
| ■ Debtor 1 only  | ☐ Contingent   |          |
| ☐ Debtor 2 only  | ☐ Unliquidated   |          |
| ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |          |
| ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:   |          |
| ☐ Check if this claim is for a community   | ☐ Student loans  |          |
| debt Is the claim subject to offset?   | $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  |          |
| ■ No   | $\square$ Debts to pension or profit-sharing plans, and other similar debts  |          |
| Yes  | ■ Other. Specify 10 Peoples Gas Light And Coke   |          |

Document Page 22 of 55 Debtor 1 Arther Robinson Case number (if know) 4.1 Chase 2427 \$0.00 Last 4 digits of account number Nonpriority Creditor's Name **Attn: Correspondence Dept** Opened 10/25/06 Last Active Po Box 15298 When was the debt incurred? 12/13/09 Wilmington, DE 19850 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Notice Only 4.1 Chase 5263 \$0.00 Last 4 digits of account number 2 Nonpriority Creditor's Name Opened 7/09/08 Last Active Attn: Correspondence Dept When was the debt incurred? Po Box 15298 8/27/09 Wilmington, DE 19850 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Notice Only ☐ Yes 4.1 **Credit One Bank** 7545 \$0.00 3 Last 4 digits of account number Nonpriority Creditor's Name P.O. Box 98873 When was the debt incurred? 2010 Las Vegas, NV 89193-8873 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not

■ No

☐ Yes

■ Other. Specify Notice Only

report as priority claims

lacksquare Debts to pension or profit-sharing plans, and other similar debts

Is the claim subject to offset?

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Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Medical

Document Page 24 of 55 Case number (if know) Debtor 1 Arther Robinson **Equable Ascent Financial** 4.1 4965 \$2,197.00 LLC/Chase Last 4 digits of account number Nonpriority Creditor's Name c/o BLATT HASENMILLER LEIBSKE When was the debt incurred? 2013 10 S LASALLE #2200 Chicago, IL 60603 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ■ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts No ☐ Yes Judgement Other. Specify 4.1 **ERC/Enhanced Recovery Corp** 5487 \$68.00 Last 4 digits of account number Nonpriority Creditor's Name 8014 Bayberry Rd When was the debt incurred? Opened 12/01/13 Jacksonville, FL 32256 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Collection Attorney At T ☐ Yes 4.1 **First Premier Bank** 2899 \$0.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 5/01/06 Last Active 3820 N Louise Ave When was the debt incurred? 9/01/06 Sioux Falls, SD 57107 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No

☐ Yes

■ Other. Specify Notice Only

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Number Street City State ZIp Code

Who incurred the debt? Check one.

Debtor 1 only
Debtor 2 only
Debtor 1 and Debtor 2 only
At least one of the debtors and another
Check if this claim is for a community debt
Is the claim subject to offset?

No
Debtor 2 only
Disputed
Type of NONPRIORITY unsecured claim:
Student loans
Debtor 1 and percent or divorce that you did not report as priority claims
Debtor 1 and Debtor 2 only
Disputed
Type of NONPRIORITY unsecured claim:
Debtor 1 and percent or divorce that you did not report as priority claims
Debts to pension or profit-sharing plans, and other similar debts

Factoring Company Account Chase Bank
Usa N.A.

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Case number (if know) Debtor 1 Arther Robinson 4.2 Midland Funding 7895 \$1,087.00 Last 4 digits of account number 3 Nonpriority Creditor's Name 2365 Northside Dr When was the debt incurred? Opened 12/01/11 Suite 300 San Diego, CA 92108 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts **Factoring Company Account Credit One** Other. Specify ☐ Yes Bank N.A. 4.2 Midland Funding \$822.00 1312 Last 4 digits of account number Nonpriority Creditor's Name 2365 Northside Dr When was the debt incurred? Opened 12/01/11 Suite 300 San Diego, CA 92108 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not report as priority claims Is the claim subject to offset? ■ No Debts to pension or profit-sharing plans, and other similar debts **Factoring Company Account Hsbc Bank** Other. Specify ☐ Yes Nevada N.A. 4.2 **Orchard Bank** 7545 \$0.00 Last 4 digits of account number 5 Nonpriority Creditor's Name **HSBC** When was the debt incurred? 2011 PO Box 60102 City of Industry, CA 91716 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Notice Only ☐ Yes

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Debtor 1 Arther Robinson 4.2 **Orchard Bank Platinum Mastercard** 3315 \$713.38 Last 4 digits of account number 6 Nonpriority Creditor's Name c/o Receivables Performance When was the debt incurred? 2011 Managem PO Box 1548 Lvnnwood, WA 98046 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Credit Card 4.2 **Peoples Gas** \$200.00 2392 Last 4 digits of account number Nonpriority Creditor's Name 200 E Randolph St Opened 10/13/05 Last Active 20th Floor When was the debt incurred? 5/19/09 Chicago, IL 60601 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Agriculture ☐ Yes Portfolio Recovery Assoc./HSBC 4.2 5175 \$3,408.25 8 Bank Last 4 digits of account number Nonpriority Creditor's Name c/o Timothy K. Liou When was the debt incurred? 11/2011 900 West Washington Blvd. Chicago, IL 60607-2298 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Judgement

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Case number (if know)

| DCDIO    | Altitel Robilison  |  | Case Harriber (ii know)  |            |
|----------|--|--|--|------------|
| 4.2<br>9 | Portfolio Recovery<br>Associates/HSBC  | Last 4 digits of account number                            | 5175   | \$3,408.25 |
|          | Nonpriority Creditor's Name c/o BLATT HASENMILLER LEIBSKE 10 S LASALLE #2200 Chicago II. 60603 | When was the debt incurred?                                | 2011   |            |
|          | Chicago, IL 60603  Number Street City State Zlp Code  Who incurred the debt? Check one.        | As of the date you file, the claim                         | is: Check all that apply   |            |
|          | Debtor 1 only  | ☐ Contingent   |  |            |
|          | ☐ Debtor 2 only  | ☐ Unliquidated   |  |            |
|          | ☐ Debtor 1 and Debtor 2 only   | Disputed   | d alaim.   |            |
|          | ☐ At least one of the debtors and another☐ Check if this claim is for a community              | Type of NONPRIORITY unsecured  ☐ Student loans             | u ciaim:   |            |
|          | debt Is the claim subject to offset?   | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not  |            |
|          | ■ No   | Debts to pension or profit-sharing                         | g plans, and other similar debts   |            |
|          | Yes  | Other. Specify Judgement                                   | <u> </u>   |            |
| 4.3      | St Mary Medical Center   | Last 4 digits of account number                            | 0108   | \$200.00   |
|          | Nonpriority Creditor's Name c/o MiraMed Revenue Group 991 Oak Creek Dr. Lombard, IL 60148      | When was the debt incurred?                                | 2010   |            |
|          | Number Street City State Zlp Code  Who incurred the debt? Check one.                           | As of the date you file, the claim                         | is: Check all that apply   |            |
|          | ■ Debtor 1 only  | ☐ Contingent   |  |            |
|          | Debtor 2 only  | ☐ Unliquidated   |  |            |
|          | ☐ Debtor 1 and Debtor 2 only   | Disputed   |  |            |
|          | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecure                               | d claim:   |            |
|          | ☐ Check if this claim is for a community   | ☐ Student loans  |  |            |
|          | debt<br>Is the claim subject to offset?  | report as priority claims                                  | aration agreement or divorce that you did not  |            |
|          | No   | Debts to pension or profit-sharing                         | ng plans, and other similar debts  |            |
|          | Yes  | Other. Specify Medical                                     |  |            |
| 4.3      | St Mary's & Elizabeth Medical Cente  Nonpriority Creditor's Name                               | Last 4 digits of account number                            | 0088   | \$108.34   |
|          | c/o Grant & Weber, INC<br>861 Coronado Center Dr. Ste. 211<br>Henderson, NV 89052              | When was the debt incurred?                                | 2010   |            |
|          | Number Street City State Zlp Code  | As of the date you file, the claim                         | is: Check all that apply   |            |
|          | Who incurred the debt? Check one.  | <b>—</b>   |  |            |
|          | Debtor 1 only  | ☐ Contingent   |  |            |
|          | Debtor 2 only  | ☐ Unliquidated   |  |            |
|          | Debtor 1 and Debtor 2 only   | ☐ Disputed  Type of NONPRIORITY unsecure                   | d claim:   |            |
|          | At least one of the debtors and another  | Student loans  | <del></del>  |            |
|          | ☐ Check if this claim is for a community debt  | _  | aration agreement or divorce that you did not  |            |
|          | Is the claim subject to offset?  | report as priority claims                                  | and the second of the second o |            |
|          | ■ No   | Debts to pension or profit-sharing                         | g plans, and other similar debts   |            |
|          | □Yes   | Other Specify Medical                                      |  |            |

Page 29 of 55 Case number (if know) Document Debtor 1 Arther Robinson

| Village of Oak Brook                      | Last 4 digits of account number      | 8009   | \$516.59 |
|---|--------------------------------------|--|----------|
| Nonpriority Creditor's Name P.O. Box 457  | When was the debt incurred?          | 2006   |          |
| Wheeling, IL 60090                        |                                      |  |          |
| Number Street City State Zlp Code         | As of the date you file, the claim i | s: Check all that apply                      |          |
| Who incurred the debt? Check one.         |                                      |  |          |
| Debtor 1 only                             | ☐ Contingent                         |  |          |
| Debtor 2 only                             | ☐ Unliquidated                       |  |          |
| Debtor 1 and Debtor 2 only                | ☐ Disputed                           |  |          |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured        | d claim:                                     |          |
| ☐ Check if this claim is for a community  | ☐ Student loans                      |  |          |
| debt                                      | ☐ Obligations arising out of a sepa  | ration agreement or divorce that you did not |          |
| Is the claim subject to offset?           | report as priority claims            |  |          |
| ■ No                                      | Debts to pension or profit-sharing   | g plans, and other similar debts             |          |
| ☐ Yes                                     | ■ Other. Specify Medical             |  |          |

### Part 3: List Others to Be Notified About a Debt That You Already Listed

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|              |     |   |     | 7  | Total Claim |
|--------------|-----|---|-----|----|-------------|
|              | 6a. | Domestic support obligations  | 6a. | \$ | 0.00        |
| Total claims |     |   |     |    |             |
| from Part 1  | 6b. | Taxes and certain other debts you owe the government  | 6b. | \$ | 0.00        |
|              | 6c. | Claims for death or personal injury while you were intoxicated  | 6c. | \$ | 0.00        |
|              | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$ | 0.00        |
|              | 6e. | Total Priority. Add lines 6a through 6d.  | 6e. | \$ | 0.00        |
|              |     |   |     | 1  | Total Claim |
|              | 6f. | Student loans   | 6f. | \$ | 0.00        |
| Total claims |     |   |     |    |             |
| from Part 2  | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00        |
|              | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$ | 0.00        |
|              | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$ | 24,587.49   |
|              | 6j. | Total Nonpriority. Add lines 6f through 6i.   | 6j. | \$ | 24,587.49   |

<sup>5.</sup> Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

|   |                          | IAAAIIII          |             |  |  |  |  |
|---|--------------------------|-------------------|-------------|--|--|--|--|
| Fill in this information to identify your case: |                          |                   |             |  |  |  |  |
| Debtor 1  | Arther Robinson          |                   |             |  |  |  |  |
|   | First Name               | Middle Name       | Last Name   |  |  |  |  |
| Debtor 2  |                          |                   |             |  |  |  |  |
| (Spouse if, filing)                             | First Name               | Middle Name       | Last Name   |  |  |  |  |
| United States Ba                                | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS |  |  |  |  |
| Case number                                     |                          |                   |             |  |  |  |  |
| (if known)                                      |                          |                   |             |  |  |  |  |
|   |                          |                   |             |  |  |  |  |

## Official Form 106G

## **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| Person or company with whom you have the contract or lease<br>Name, Number, Street, City, State and ZIP Code | State what the contract or lease is for                                 |
|--|---|
| 2.1 Johnny Wilson<br>824 N Springfield<br>Chicago, IL 60651  | No formal lease but he contributes \$550.00 per month to the household. |

|                             |  | Docume  | ent Page 31 o  | ot 55   |       |
|-----------------------------|--|---|--|---|-------|
| Fill in this                | information to identify your   | case:   |  |   |       |
| Debtor 1                    | Arther Robinson  |   |  |   |       |
| Deptor 1                    | First Name   | Middle Name   | Last Name  |   |       |
| Debtor 2                    |  |   |  |   |       |
| (Spouse if, fili            | ng) First Name   | Middle Name   | Last Name  |   |       |
| United Sta                  | ates Bankruptcy Court for the:   | NORTHERN DISTRICT   | OF ILLINOIS  |   |       |
|                             | , ,  |   |  |   |       |
| Case num                    | ber  |   |  |   |       |
| (if known)                  |  |   |  | ☐ Check if this is an amended filing  |       |
|                             |  |   |  | amended hilling   |       |
| Officia                     | l Form 106H  |   |  |   |       |
|                             |  | lahtara   |  |   |       |
| Scheo                       | lule H: Your Cod   | leptors   |  | 12  | 2/15  |
| Arizon  No.  Yes  3. In Col | hin the last 8 years, have yona, California, Idaho, Louisiana Go to line 3. S. Did your spouse, former spo | a, Nevada, New Mexico, Pu<br>ouse, or legal equivalent live | erto Rico, Texas, Wash with you at the time? spouse as a codebto | r if your spouse is filing with you. List the person s  | shown |
| Form                        |  |   |  | sure you have listed the creditor on Schedule D (0<br>06G). Use Schedule D, Schedule E/F, or Schedule 0 |       |
|                             | Column 1: Your codebtor<br>Name, Number, Street, City, State and 2   | 7IP Code  |  | Column 2: The creditor to whom you owe the Check all schedules that apply:                              | debt  |
|                             | ramo, rambor, otroot, oity, otato and z  | -11 0000  |  | Check all schedules that apply.   |       |
| 3.1                         |  |   |  | ☐ Schedule D, line  |       |
|                             | Name   |   |  | ☐ Schedule E/F, line  |       |
|                             |  |   |  | ☐ Schedule G, line  |       |
| -                           | Number Street  |   |  | <u> </u>  |       |
|                             | City   | State   | ZIP Code   |   |       |
|                             |  |   |  |   |       |
| 3.2                         |  |   |  | □ Schodulo D. lino  |       |
|                             | Name   |   |  | □ Schedule D, line<br>□ Schedule E/F, line  |       |
|                             |  |   |  | ☐ Schedule G, line  |       |
| _                           |  |   |  | — Ochedule O, line  |       |
|                             | Number Street<br>City  | State   | ZIP Code   |   |       |
|                             | Oity   | Jiaie   | ZIF COUC   |   |       |

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| Fill               | in this information to   | identify your ca             | ase:   |   |                       |                |                    |                           |                           |                                 |                 |
|--------------------|--|------------------------------|--|---|-----------------------|----------------|--------------------|---------------------------|---------------------------|---------------------------------|-----------------|
| De                 | btor 1   | Arther Robii                 | nson   |   |                       | _              |                    |                           |                           |                                 |                 |
| 1 -                | btor 2<br>ouse, if filing)   |                              |  |   |                       | _              |                    |                           |                           |                                 |                 |
| Un                 | ited States Bankrupto  | y Court for the              | : NORTHERN DISTRIC   | CT OF ILLINOIS                                |                       | _              |                    |                           |                           |                                 |                 |
| (If k              | se number  | 4001                         |  |   |                       |                | □ Ai               |                           | ed filing<br>ent showing  | g postpetition<br>llowing date: | •               |
| _                  | fficial Form <sup>·</sup><br>chedule I: Y                            |                              |  |   |                       |                | M                  | M / DD/ Y                 | YYY                       |                                 |                 |
| sup<br>spo<br>atta | plying correct informuse. If you are sepanch a separate sheet        | mation. If you rated and you | sible. If two married peo<br>are married and not filii<br>Ir spouse is not filing wi<br>On the top of any additi | ng jointly, and your<br>ith you, do not inclu | spouse i<br>de infori | is liv<br>mati | ring with on about | you, inclu<br>your spo    | ude inform<br>ouse. If mo | nation about<br>re space is     | your<br>needed, |
| 1.                 | Fill in your employ  | yment                        |  | 5.17  |                       |                |                    | <b>5</b> 14 6             |                           |                                 |                 |
|                    | information.   |                              |  | Debtor 1  ☐ Employed                          |                       |                |                    | _                         |                           | ing spouse                      |                 |
|                    | If you have more the attach a separate principle information about a | age with                     | Employment status  | ■ Not employed                                |                       |                |                    | ☐ Employed ☐ Not employed |                           |                                 |                 |
|                    | employers.   |                              | Occupation   | Retired                                       |                       |                |                    |                           |                           |                                 |                 |
|                    | Include part-time, s<br>self-employed work                           |                              | Employer's name  |   |                       |                |                    |                           |                           |                                 |                 |
|                    | Occupation may incor homemaker, if it                                |                              | Employer's address   |   |                       |                |                    |                           |                           |                                 |                 |
|                    |  |                              | How long employed t  | here?   |                       |                |                    | _                         |                           |                                 |                 |
| Pa                 | rt 2: Give Deta  | ils About Mor                | nthly Income   |   |                       |                |                    |                           |                           |                                 |                 |
|                    | imate monthly incon<br>use unless you are se                         |                              | ate you file this form. If   | you have nothing to r                         | eport for             | any            | line, write        | \$0 in the                | space. Incl               | lude your no                    | n-filing        |
|                    | ou or your non-filing spees space, attach a sep                      |                              | ore than one employer, co  | ombine the informatio                         | n for all e           | empl           | oyers for          | that perso                | on on the lin             | nes below. If                   | you need        |
|                    |  |                              |  |   |                       |                | For Deb            | otor 1                    |                           | otor 2 or<br>ng spouse          |                 |
| 2.                 |  |                              | ry, and commissions (b<br>calculate what the monthl  |   | 2.                    | \$             |                    | 0.00                      | \$                        | N/A                             | -               |
| 3.                 | Estimate and list r  | monthly overt                | ime pay.   |   | 3.                    | +\$            |                    | 0.00                      | +\$                       | N/A                             | -               |
| 4.                 | Calculate gross In   | come. Add lir                | ne 2 + line 3.   |   | 4.                    | \$             |                    | 0.00                      | \$                        | N/A                             |                 |

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| Deb | tor 1                           | Arther Robinson   | -     | Ca   | ase number ( <i>if k</i> | nown) |      |                    |                |                  |
|-----|---------------------------------|---|-------|------|--------------------------|-------|------|--------------------|----------------|------------------|
|     |                                 |   |       | F    | For Debtor 1             |       |      | Debtor<br>filing s | 2 or spouse    |                  |
|     | Cop                             | y line 4 here   | 4.    | 9    | 5                        | 0.00  | \$   |                    | N/A            |                  |
| 5.  | List                            | all payroll deductions:   |       |      |                          |       |      |                    |                |                  |
| -   | 5a.                             | Tax, Medicare, and Social Security deductions   | 5a.   | 9    | 8                        | 0.00  | \$   |                    | N/A            |                  |
|     | 5b.                             | Mandatory contributions for retirement plans  | 5b.   |      |                          | 0.00  | \$   |                    | N/A            | _                |
|     | 5c.                             | Voluntary contributions for retirement plans  | 5c.   |      |                          | 0.00  | \$   |                    | N/A            | _                |
|     | 5d.                             | Required repayments of retirement fund loans  | 5d.   | 9    | 6                        | 0.00  | \$   |                    | N/A            | _                |
|     | 5e.                             | Insurance   | 5e.   | 9    | 6                        | 0.00  | \$   |                    | N/A            | _                |
|     | 5f.                             | Domestic support obligations  | 5f.   | 9    | ·                        | 0.00  | \$   |                    | N/A            | _                |
|     | 5g.                             | Union dues  | 5g.   |      |                          | 0.00  | \$   |                    | N/A            | _                |
|     | 5h.                             | Other deductions. Specify:  | _ 5h. | + \$ |                          | 0.00  | + \$ |                    | N/A            | _                |
| 6.  | Add                             | I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  | 6.    | \$   |                          | 0.00  | \$   |                    | N/A            | <u>-</u>         |
| 7.  | Cal                             | culate total monthly take-home pay. Subtract line 6 from line 4.  | 7.    | \$   |                          | 0.00  | \$   |                    | N/A            | <u>-</u>         |
| 8.  | List<br>8a.                     | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a.   | 9    | 6                        | 0.00  | \$   |                    | N/A            |                  |
|     | 8b.                             | Interest and dividends  | 8b.   | 9    |                          | 0.00  | \$   |                    | N/A            |                  |
|     | 8c.                             | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  | 8c.   | 9    | 5                        | 0.00  | \$   |                    | N/A            |                  |
|     | 8d.                             | Unemployment compensation   | 8d.   | 9    |                          | 0.00  | \$   |                    | N/A            | _                |
|     | 8e.                             | Social Security   | 8e.   | 9    | 1,35                     | 4.00  | \$   |                    | N/A            |                  |
|     | 8f.                             | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:         | 8f.   | 9    |                          | 0.00  | \$   |                    | N/A            | _                |
|     | 8g.                             | Pension or retirement income  | 8g.   |      |                          | 8.31  | \$   |                    | N/A            | _                |
|     | 8h.                             | Other monthly income. Specify:  | 8h.   | + \$ |                          | 0.00  | + \$ |                    | N/A            | <u>-</u>         |
| 9.  | Add                             | l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  | 9.    | \$   | 1,74                     | 2.31  | \$   |                    | N/             | A                |
| 10  | Cal                             | culate monthly income. Add line 7 + line 9.   | 10.   | \$   | 1,742.31                 | + \$  |      | N/A                | = \$           | 1,742.31         |
| 10. |                                 | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  | .0.   |      | 1,7 42.51                | ┤     |      | 17/7               | <sub> </sub>   | 1,7 42.51        |
| 11. | State Included the other Double | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not a cify:      | deper |      | .,                       |       | ,    | chedule<br>11.     |                | 0.00             |
| 12. |                                 | I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certailies   |       |      |                          |       |      | 12.                | \$             | 1,742.31         |
| 13. | Do                              | you expect an increase or decrease within the year after you file this form   | ?     |      |                          |       |      | ·                  | Combi<br>month | ned<br>ly income |
|     |                                 | No.   |       |      |                          |       |      |                    |                | 1                |

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| Fill        | in this information to identify your case:  |  |                       |              |   |   |
|-------------|---|--|-----------------------|--------------|---|---|
| Deb         | otor 1 Arther Robinson  |  |                       | Che          | eck if this is:   |   |
|             | otor 2 ouse, if filing)   |  |                       |              | An amended filing<br>A supplement show<br>13 expenses as of | ving postpetition chapter the following date: |
| Unite       | ted States Bankruptcy Court for the: NORTHER  | N DISTRICT OF ILLING                       | DIS                   |              | MM / DD / YYYY  |   |
| Case        | se numbeľ   |  |                       |              |   |   |
| (If kr      | (nown)  |  |                       |              |   |   |
| Of          | fficial Form 106J   |  |                       |              |   |   |
| Sc          | chedule J: Your Expense   | es   |                       |              |   | 12/15   |
| info        | as complete and accurate as possible. If to ormation. If more space is needed, attach amber (if known). Answer every question.            |  |                       |              |   |   |
| Part        | Tt 1: Describe Your Household Is this a joint case?   |  |                       |              |   |   |
| ١.          | No. Go to line 2.   |  |                       |              |   |   |
|             | ☐ Yes. Does Debtor 2 live in a separate   | household?                                 |                       |              |   |   |
|             | □ No  |  |                       |              |   |   |
|             | ☐ Yes. Debtor 2 must file Official F  | form 106J-2, Expenses                      | for Separate House    | ehold of Deb | otor 2.   |   |
| 2.          | Do you have dependents? ■ No  |  |                       |              |   |   |
|             |   | l out this information for<br>ch dependent | Dependent's relati    |              | Dependent's age   | Does dependent live with you?                 |
|             | Do not state the  |  |                       |              |   | □ No  |
|             | dependents names.   |  |                       |              |   | □ Yes<br>□ No                                 |
|             |   |  |                       |              |   | ☐ Yes   |
|             |   |  |                       |              |   | □ No  |
|             |   |  |                       |              |   | ☐ Yes   |
|             |   |  |                       |              |   | □ No<br>□ Yes                                 |
| 3.          | Do your expenses include ■ No   |  |                       |              |   | □ Yes   |
|             | expenses of people other than yourself and your dependents?   |  |                       |              |   |   |
| Esti<br>exp | t 2: Estimate Your Ongoing Monthly E timate your expenses as of your bankrupto penses as of a date after the bankruptcy is plicable date. | cy filing date unless ye                   |                       |              |   |   |
| the         | lude expenses paid for with non-cash gover value of such assistance and have includificial Form 106l.)                                    |  |                       |              | Your expo   | enses   |
| 4.          | The rental or home ownership expenses payments and any rent for the ground or lot   |  | nclude first mortgage | e<br>4.      | \$  | 550.00  |
|             | If not included in line 4:  |  |                       |              |   |   |
|             | 4a. Real estate taxes   |  |                       | 4a.          | \$  | 0.00  |
|             | 4b. Property, homeowner's, or renter's in   |  |                       | 4b.          | ·   | 0.00  |
|             | 4c. Home maintenance, repair, and upke  |  |                       | 4c.          | ·   | 0.00  |
| 5.          | <ul> <li>4d. Homeowner's association or condom</li> <li>Additional mortgage payments for your</li> </ul>                                  |  | me equity loans       | 4d. 5.       | ·   | 0.00<br>0.00                                  |

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| Debtor 1 Arther R                | obinson   | Case num      | ber (if known)      |                         |
|----------------------------------|---|---------------|---------------------|-------------------------|
| 6. Utilities:                    |   |               |                     |                         |
|                                  | , heat, natural gas   | 6a.           | \$                  | 200.00                  |
| •                                | wer, garbage collection   | 6b.           |                     | 0.00                    |
|                                  | e, cell phone, Internet, satellite, and cable services                        | 6c.           |                     | 100.00                  |
| 6d. Other. Sp                    |   | 6d.           | ·                   | 0.00                    |
|                                  | ekeeping supplies   | 7.            |                     | 220.00                  |
|                                  | children's education costs  | 8.            | \$                  | 0.00                    |
|                                  | lry, and dry cleaning   | 9.            | \$                  | 100.00                  |
|                                  | products and services   | 10.           | · ·                 | 75.00                   |
| 1. Medical and de                |   | 10.           |                     |                         |
|                                  | Include gas, maintenance, bus or train fare.                                  | 11.           | <b>»</b>            | 0.00                    |
| Do not include c                 |   | 12.           | \$                  | 300.00                  |
|                                  | clubs, recreation, newspapers, magazines, and books                           | 13.           | \$                  | 50.00                   |
|                                  | ributions and religious donations   | 14.           | · ·                 | 0.00                    |
| 5. Insurance.                    | in buttone and rongious demanding   | • • • •       | <u> </u>            | 0.00                    |
|                                  | nsurance deducted from your pay or included in lines 4 or 20.                 |               |                     |                         |
| 15a. Life insura                 |   | 15a.          | \$                  | 0.00                    |
| 15b. Health ins                  | surance   | 15b.          | \$                  | 15.00                   |
| 15c. Vehicle in                  | surance   | 15c.          | \$                  | 55.00                   |
| 15d. Other insu                  |   | 15d.          |                     | 0.00                    |
|                                  | nclude taxes deducted from your pay or included in lines 4 or 20.             |               | ·                   | 0.00                    |
| Specify:                         | ionado taxos dodactos nom your pay or morados in imos 1 or 20.                | 16.           | \$                  | 0.00                    |
| 7. Installment or le             | ease payments:  |               |                     |                         |
| 17a. Car paym                    | ents for Vehicle 1  | 17a.          | \$                  | 0.00                    |
| 17b. Car paym                    | ents for Vehicle 2  | 17b.          | \$                  | 0.00                    |
| 17c. Other. Spo                  | ecify:  | 17c.          | \$                  | 0.00                    |
| 17d. Other. Sp                   | -   | 17d.          | \$                  | 0.00                    |
| •                                | of alimony, maintenance, and support that you did not repor                   | t as          |                     |                         |
| deducted from                    | your pay on line 5, Schedule I, Your Income (Official Form 10                 |               | \$                  | 0.00                    |
| <ol><li>Other payments</li></ol> | s you make to support others who do not live with you.                        |               | \$                  | 0.00                    |
| Specify:                         |   | 19.           |                     |                         |
|                                  | erty expenses not included in lines 4 or 5 of this form or on S               |               |                     |                         |
| 20a. Mortgages                   | s on other property   | 20a.          | \$                  | 0.00                    |
| 20b. Real estat                  | te taxes  | 20b.          | \$                  | 0.00                    |
| 20c. Property,                   | homeowner's, or renter's insurance  | 20c.          | \$                  | 0.00                    |
| 20d. Maintenar                   | nce, repair, and upkeep expenses  | 20d.          | \$                  | 0.00                    |
| 20e. Homeown                     | ner's association or condominium dues   | 20e.          | \$                  | 0.00                    |
| 1. Other: Specify:               |   | 21.           | +\$                 | 0.00                    |
|                                  |   |               |                     |                         |
| •                                | monthly expenses  |               |                     |                         |
| 22a. Add lines 4                 | •   |               | \$                  | 1,665.00                |
|                                  | 2 (monthly expenses for Debtor 2), if any, from Official Form 106J            | 1-2           | \$                  |                         |
| 22c. Add line 22                 | a and 22b. The result is your monthly expenses.                               |               | \$                  | 1,665.00                |
| Calculate your                   | monthly net income.   |               |                     |                         |
| •                                | 12 (your combined monthly income) from Schedule I.                            | 23a.          | ¢                   | 1 742 24                |
|                                  | r monthly expenses from line 22c above.                                       | 23b.          |                     | 1,742.31                |
| 230. Copy you                    | i monuny expenses nom me 220 dbuve.   | 230.          | -ψ                  | 1,665.00                |
| 23c Subtract v                   | your monthly expenses from your monthly income.                               |               |                     |                         |
|                                  | t is your <i>monthly net income</i> .   | 23c.          | \$                  | 77.31                   |
| 1110 103011                      | youonany not moonto.  |               | l                   |                         |
|                                  | an increase or decrease in your expenses within the year afte                 |               |                     |                         |
|                                  | ou expect to finish paying for your car loan within the year or do you expect | your mortgage | payment to increase | e or decrease because o |
|                                  | terms of your mortgage?   |               |                     |                         |
| No.                              |   |               |                     |                         |
| ☐ Yes.                           | Explain here:   |               |                     |                         |

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| Fill in this in                 | formation to identify your                              | case:                    |                         |                               |   |
|---------------------------------|---|--------------------------|-------------------------|-------------------------------|---|
| Debtor 1                        | Arther Robinson   |                          |                         |                               |   |
|                                 | First Name  | Middle Name              | Last Name               |                               |   |
| Debtor 2<br>(Spouse if, filing) | First Name  | Middle Name              | Last Name               |                               |   |
|                                 | s Bankruptcy Court for the:                             | NORTHERN DISTRICT        |                         |                               |   |
| Officed States                  | bankruptcy Court for the.                               | NORTHERN BIOTRIOT        | OI ILLIIVOIO            |                               |   |
| Case number                     | r   |                          |                         |                               | ☐ Check if this is an amended filing  |
|                                 | orm 106Dec  |                          | 51416                   |                               |   |
| Declar                          | ation About a   | an Individual            | Debtor's S              | schedules                     | 12/15   |
| years, or botl                  | h. 18 U.S.C. §§ 152, 1341, 1                            |                          | nupicy case can resu    | iit iii iiiles up to \$250,00 | 00, or imprisonment for up to 20  |
| Did you                         | ı pay or agree to pay some                              | one who is NOT an attor  | ney to help you fill ou | ut bankruptcy forms?          |   |
| ■ No                            |   |                          |                         |                               |   |
| ☐ Ye                            | s. Name of person                                       |                          |                         |                               | kruptcy Petition Preparer's Notice,<br>n, and Signature (Official Form 119) |
| that they                       | enalty of perjury, I declare<br>y are true and correct. | that I have read the sum | ·                       |                               |   |
|                                 | Arther Robinson<br>her Robinson                         |                          | X<br>Signature          | of Debtor 2                   |   |
|                                 | nature of Debtor 1                                      |                          | 5.5.141410              |                               |   |

Date \_\_\_\_\_

Date **April 28, 2016** 

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| Fill                | in this info                         | rmation to identify you   | r case:   |   |   |   |
|---------------------|--------------------------------------|---------------------------|---|---|---|---|
| Del                 | otor 1                               | Arther Robinso            | n   |   |   |   |
|                     | _                                    | First Name                | Middle Name   | Last Name   |   |   |
|                     | otor 2<br>ouse if, filing)           | First Name                | Middle Name   | Last Name   |   |   |
| Uni                 | ted States E                         | Sankruptcy Court for the  | NORTHERN DISTRICT   | OF ILLINOIS   |   |   |
|                     | se number<br>nown)                   |                           |   |   | С                                       | Check if this is an amended filing                    |
| Sta<br>Be a<br>info | atemen<br>as complete<br>rmation. If | and accurate as poss      | Affairs for Individual in the second of the | are filing together, both are                         | equally responsible for                 |   |
|                     |                                      | ,                         | stion.<br>arital Status and Where You   | ı Lived Before  |   |   |
| 1.                  | What is yo                           | our current marital stat  | us?   |   |   |   |
|                     | ☐ Marrie                             |                           |   |   |   |   |
| 2.                  |                                      |                           | lived anywhere other than   | where you live now?                                   |   |   |
|                     | _                                    | idot o youro, navo you    | involuting in incident and in   | more you me nem .                                     |   |   |
|                     | ■ No □ Yes. L                        | ist all of the places you | lived in the last 3 years. Do n   | ot include where you live nov                         | ٧.                                      |   |
|                     | Debtor 1                             | Prior Address:            | Dates Debtor 1 lived there  | Debtor 2 Prior Ad                                     | ddress:                                 | Dates Debtor 2 lived there                            |
| <b>3.</b><br>state  |                                      |                           | ver live with a spouse or le  |   |   |   |
|                     | ■ No<br>□ Yes. N                     | Make sure you fill out Sc | hedule H: Your Codebtors (O   | fficial Form 106H).                                   |   |   |
| Par                 | t 2 Expl                             | ain the Sources of You    | ır Income   |   |   |   |
| 4.                  | Fill in the to                       | otal amount of income yo  | mployment or from operating the received from all jobs and a have income that you receive   | all businesses, including part                        | -time activities. nder Debtor 1.        | calendar years?                                       |
|                     |                                      |                           | Debtor 1  |   | Debtor 2                                |   |
|                     |                                      |                           | Sources of income<br>Check all that apply.  | Gross income<br>(before deductions and<br>exclusions) | Sources of income Check all that apply. | Gross income<br>(before deductions<br>and exclusions) |
|                     |                                      |                           |   |   |   |   |

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| 5.        | Inclu<br>and      | ide ind<br>other                       | come regard<br>public bene                   | dless of wheth<br>fit payments; | er that incor<br>pensions; re                  | me is taxable. Exa<br>ental income; inte | amples of<br>rest; divid |  | alimony; child supp<br>cted from lawsuits;  | royalties; and              | ecurity, unemployment,<br>d gambling and lottery     |
|-----------|-------------------|--|--|---------------------------------|--|--|--------------------------|--|---|-----------------------------|--|
|           | List              | each s                                 | source and                                   | the gross inco                  | me from ea                                     | ch source separa                         | itely. Do n              | ot include income t                        | that you listed in lir                      | ne 4.                       |  |
|           |                   | No                                     |  |                                 |  |  |                          |  |   |                             |  |
|           |                   |  | Fill in the de                               | etails.                         |  |  |                          |  |   |                             |  |
|           |                   |  |  |                                 |  |  |                          |  |   |                             |  |
|           |                   |  |  |                                 | Debtor 1<br>Sources o                          | of Income                                | Cross                    | income from                                | Debtor 2<br>Sources of inc                  | omo                         | Gross income   |
|           |                   |  |  |                                 | Describe b                                     |  | each                     | source<br>e deductions and                 | Describe below                              |                             | (before deductions and exclusions)                   |
|           |                   |  | 1 of curre<br>iled for bar                   | nt year until<br>nkruptcy:      | Pension  |  |                          | \$1,153.24                                 |   |                             |  |
|           |                   |  |  |                                 | Social Se                                      | ecurity                                  |                          | \$5,416.00                                 |   |                             |  |
|           |                   |  | dar year:<br>December                        | 31, 2015 )                      | Pension  |  |                          | \$3,106.00                                 |   |                             |  |
|           |                   |  |  |                                 | Social Se                                      | ecurity                                  |                          | \$17,051.00                                |   |                             |  |
| Fo<br>(Ja | r the             | calend<br>y 1 to                       | dar year be<br>December                      | fore that:<br>31, 2014 )        | Social Se                                      | ecurity                                  |                          | \$16,248.00                                |   |                             |  |
|           |                   |  |  |                                 |  |  |                          |  |   |                             |  |
| Pa        | rt 3:             | List                                   | Certain Pa                                   | yments You                      | Made Befo                                      | re You Filed for                         | Bankrup                  | tcy  |   |                             |  |
| 6.        | Are               | either                                 | Debtor 1's                                   | or Debtor 2                     | 's debts pri                                   | marily consume                           | r debts?                 |  |   |                             |  |
|           |                   | No.                                    | Neither D                                    | ebtor 1 nor D                   | ebtor 2 has                                    |  | umer deb                 |  | ts are defined in 11                        | U.S.C. § 10 <sup>-</sup>    | 1(8) as "incurred by an                              |
|           |                   |  | During the                                   | 90 days befo                    | re you filed                                   | for bankruptcy, di                       | id you pay               | any creditor a tota                        | al of \$6,425* or mo                        | re?                         |  |
|           |                   |  | □ No.  | Go to line 7                    |  |  |                          |  |   |                             |  |
|           |                   |  | ☐ Yes  |                                 |  |  |                          |  |   |                             | ne total amount you                                  |
|           |                   |  | * Subject                                    | not include                     | payments to                                    | an attorney for t                        | his bankrı               |  |   |                             | nd alimony. Also, do                                 |
|           |                   | Yes.                                   | Debtor 1                                     | or Debtor 2 o                   | r both have                                    | primarily consu                          | umer deb                 | ts.  |   |                             |  |
|           |                   |  |  |                                 |  |  |                          | any creditor a tota                        | al of \$600 or more?                        | •                           |  |
|           |                   |  | No.  | Go to line 7                    |  |  |                          |  |   |                             |  |
|           |                   |  | □ <sub>Yes</sub>                             | include pay                     |  | omestic support o                        |                          | of \$600 or more and,<br>such as child sup |   |                             | creditor. Do not<br>nclude payments to an            |
|           | Cre               | editor'                                | s Name and                                   | d Address                       |  | Dates of payme                           | ent                      | Total amount paid                          | Amount you still owe                        | Was this p                  | payment for  |
| 7.        | <i>Insid</i> of w | ders in<br>hich yes<br>isiness<br>ony. | clude your i<br>ou are an of<br>s you operat | elatives; any ficer, director   | general part<br>, person in c<br>roprietor. 11 | tners; relatives of control, or owner of | any gene<br>of 20% or    | nt on a debt you o                         | erships of which yo<br>g securities; and ar | u are a gene<br>ny managing | ral partner; corporations<br>agent, including one fo |
|           |                   |  | Name and                                     |                                 |  | Dates of payme                           | ent                      | Total amount                               | Amount you                                  | Reason fo                   | r this payment                                       |
|           |                   | J                                      | and and                                      |                                 |  | 5 C. pay                                 |                          | paid                                       | still owe                                   |                             | - 37   |

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| 8.   | Within 1 year before you filed for bankrupto insider? Include payments on debts guaranteed or cost  No  |                             | ments or transfer a  | ny property on a      | ccount of a d      | lebt that benefited an       |
|--|---|-----------------------------|----------------------|-----------------------|--------------------|------------------------------|
|  | ☐ Yes. List all payments to an insider  |                             |                      |                       |                    |                              |
|  | Insider's Name and Address  | Dates of payment            | Total amount paid    | Amount you still owe  |                    | this payment<br>ditor's name |
| Par  | t 4: Identify Legal Actions, Repossession   | s, and Foreclosures         |                      |                       |                    |                              |
| 9.   | Within 1 year before you filed for bankrupto List all such matters, including personal injury modifications, and contract disputes.  No         |                             |                      |                       |                    |                              |
|  | ☐ Yes. Fill in the details.   |                             |                      |                       |                    |                              |
|  | Case title Case number  | Nature of the case          | Court or agency      |                       | Status of the      | ne case                      |
| <ul> <li>Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or let Check all that apply and fill in the details below.</li> <li>No. Go to line 11.</li> </ul> |   |                             |                      | d, seized, or levied? |                    |                              |
|  | Yes. Fill in the information below.  Creditor Name and Address  | Describe the Property       |                      | Date                  |                    | Value of the                 |
|  | Creditor Name and Address   |                             |                      | Date                  |                    | property                     |
|  |   | Explain what happened       |                      |                       |                    |                              |
| 11.  | Within 90 days before you filed for bankrup accounts or refuse to make a payment became No Yes. Fill in the details.  Creditor Name and Address |                             |                      |                       | , set off any      | amounts from your<br>Amount  |
|  |   |                             |                      | taken                 |                    | 7 0                          |
|  | Within 1 year before you filed for bankrupto court-appointed receiver, a custodian, or at No Yes  |                             | rty in the possessi  | ion of an assigne     | e for the ben      | efit of creditors, a         |
| Pai  | t 5: List Certain Gifts and Contributions   |                             |                      |                       |                    |                              |
| 13.  | Within 2 years before you filed for bankrup  No  Yes. Fill in the details for each gift.  | tcy, did you give any gifts | s with a total value | of more than \$60     | 0 per person       | ?                            |
|  | Gifts with a total value of more than \$600 per person  | Describe the gifts          |                      | Dates<br>the g        | s you gave<br>ifts | Value                        |
|  | Person to Whom You Gave the Gift and Address:   |                             |                      |                       |                    |                              |
| 14.  | Within 2 years before you filed for bankrup  ■ No □ Yes. Fill in the details for each gift or cont  |                             | s or contributions v | with a total value    | of more than       | \$600 to any charity?        |
|  | Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)                | Describe what you           | contributed          | Dates                 | s you<br>ibuted    | Value                        |
| Par  | t 6: List Certain Losses  |                             |                      |                       |                    |                              |
|  | -   |                             |                      |                       |                    |                              |

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster,

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|     | or gambling?   |  |  |  |
|-----|--|--|--|--|
|     |  |  |  |  |
|     | ■ No   |  |  |  |
|     | ☐ Yes. Fill in the details.  |  |  |  |
|     | Describe the property you lost and   | Describe any insurance coverage for the loss   | Date of your   | Value of property  |
|     | how the loss occurred  | Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.  | loss   | lost   |
|     |  | · ´  |  |  |
| Pai | t 7: List Certain Payments or Transfe  | ers  |  |  |
| 16. | consulted about seeking bankruptcy or  | ruptcy, did you or anyone else acting on your behalf pay<br>r preparing a bankruptcy petition?<br>n preparers, or credit counseling agencies for services requir   |  | rty to anyone you  |
|     | □ No   |  |  |  |
|     | Yes. Fill in the details.  |  |  |  |
|     | Person Who Was Paid  | Description and value of any property  | Date payment   | Amount of  |
|     | Address  | transferred  | or transfer was  | payment  |
|     | Email or website address Person Who Made the Payment, if Not   | : You  | made   |  |
|     | Firm 13  | Attorney Fees  | 3/2016   | \$350.00   |
|     | Ross H. Briggs   | •  |  |  |
|     | 1525 E 53rd St. Ste. 423<br>Chicago, IL 60615  |  |  |  |
|     | firm13chicago@gmail.com  |  |  |  |
|     |  |  |  |  |
| 17. | promised to help you deal with your cre  | ruptcy, did you or anyone else acting on your behalf pay<br>editors or to make payments to your creditors?   | or transfer any prope  | rty to anyone who  |
|     | Do not include any payment or transfer that  | at you listed on line 16.  |  |  |
|     | No   | at you listed on line 16.  |  |  |
|     | _  | at you listed on line 16.  |  |  |
|     | ■ No □ Yes. Fill in the details.  Person Who Was Paid  | Description and value of any property  | Date payment   | Amount of  |
|     | ■ No □ Yes. Fill in the details.   |  | or transfer was  | Amount of payment  |
|     | ■ No □ Yes. Fill in the details.  Person Who Was Paid  Address   | Description and value of any property transferred  | or transfer was made   | payment  |
| 18. | ■ No □ Yes. Fill in the details.  Person Who Was Paid  Address  Within 2 years before you filed for bank   | Description and value of any property transferred kruptcy, did you sell, trade, or otherwise transfer any pr   | or transfer was made   | payment  |
| 18. | ■ No □ Yes. Fill in the details.  Person Who Was Paid Address  Within 2 years before you filed for bank transferred in the ordinary course of you include both outright transfers and transfers.   | Description and value of any property transferred  kruptcy, did you sell, trade, or otherwise transfer any property business or financial affairs?  ers made as security (such as the granting of a security inter   | or transfer was<br>made<br>operty to anyone, othe  | payment  |
| 18. | ■ No □ Yes. Fill in the details.  Person Who Was Paid  Address  Within 2 years before you filed for bank transferred in the ordinary course of you   | Description and value of any property transferred  kruptcy, did you sell, trade, or otherwise transfer any property business or financial affairs?  ers made as security (such as the granting of a security inter   | or transfer was<br>made<br>operty to anyone, othe  | payment  |
| 18. | ■ No □ Yes. Fill in the details.  Person Who Was Paid Address  Within 2 years before you filed for bank transferred in the ordinary course of you include both outright transfers and transfer include gifts and transfers that you have a   | Description and value of any property transferred  kruptcy, did you sell, trade, or otherwise transfer any property business or financial affairs?  ers made as security (such as the granting of a security inter   | or transfer was<br>made<br>operty to anyone, othe  | payment  |
| 18. | ■ No □ Yes. Fill in the details.  Person Who Was Paid Address  Within 2 years before you filed for bank transferred in the ordinary course of you include both outright transfers and transferinclude gifts and transfers that you have a No □ Yes. Fill in the details.  Person Who Received Transfer   | Description and value of any property transferred  kruptcy, did you sell, trade, or otherwise transfer any prour business or financial affairs?  ers made as security (such as the granting of a security interalready listed on this statement.  Description and value of  Description  | or transfer was made operty to anyone, other est or mortgage on your earny property or                               | payment or than property r property). Do not  Date transfer was      |
| 18. | ■ No □ Yes. Fill in the details.  Person Who Was Paid Address  Within 2 years before you filed for bank transferred in the ordinary course of you include both outright transfers and transferenciude gifts and transfers that you have a No □ Yes. Fill in the details.   | Description and value of any property transferred  kruptcy, did you sell, trade, or otherwise transfer any proper business or financial affairs?  ers made as security (such as the granting of a security interalready listed on this statement.  Description and value of property transferred  Description and value of property transferred  | or transfer was made operty to anyone, other est or mortgage on your early property or ts received or debts          | payment or than property or property). Do not                        |
| 18. | ■ No □ Yes. Fill in the details.  Person Who Was Paid Address  Within 2 years before you filed for bank transferred in the ordinary course of you include both outright transfers and transferinclude gifts and transfers that you have a No □ Yes. Fill in the details.  Person Who Received Transfer   | Description and value of any property transferred  kruptcy, did you sell, trade, or otherwise transfer any proper business or financial affairs?  ers made as security (such as the granting of a security interalready listed on this statement.  Description and value of property transferred  Description and value of property transferred  | or transfer was made operty to anyone, other est or mortgage on your earny property or                               | payment or than property r property). Do not  Date transfer was      |
|     | ■ No □ Yes. Fill in the details.  Person Who Was Paid Address  Within 2 years before you filed for bank transferred in the ordinary course of you include both outright transfers and transferinclude gifts and transfers that you have a No □ Yes. Fill in the details.  Person Who Received Transfer Address  Person's relationship to you   | Description and value of any property transferred  kruptcy, did you sell, trade, or otherwise transfer any property business or financial affairs?  ers made as security (such as the granting of a security interalready listed on this statement.  Description and value of property transferred  Describtion and value of property transferred  Describtion and value of property transferred | or transfer was made operty to anyone, other est or mortgage on your early property or ts received or debts exchange | payment or than property r property). Do not  Date transfer was made |
|     | ■ No □ Yes. Fill in the details.  Person Who Was Paid Address  Within 2 years before you filed for bank transferred in the ordinary course of you include both outright transfers and transfer include gifts and transfers that you have a No □ Yes. Fill in the details.  Person Who Received Transfer Address  Person's relationship to you  Within 10 years before you filed for ban beneficiary? (These are often called asset | Description and value of any property transferred  kruptcy, did you sell, trade, or otherwise transfer any property business or financial affairs?  ers made as security (such as the granting of a security interalready listed on this statement.  Description and value of property transferred  Describtion and value of property transferred  Describtion and value of property transferred | or transfer was made operty to anyone, other est or mortgage on your early property or ts received or debts exchange | payment or than property r property). Do not  Date transfer was made |

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Debtor 1 **Arther Robinson** 

| Pai | rt 8: List of Certain Financial Accounts, Instr  | ruments, Safe Deposit B  | oxes, and Stor              | age Units  |   |   |
|-----|--|--|-----------------------------|------------|---|---|
| 20. | Within 1 year before you filed for bankruptcy, sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, associated No | other financial accounts   | s; certificates o           |            |   | ,   |
|     |  | <u> </u>   | Type of accoun<br>nstrument |            | Date account was<br>closed, sold,<br>moved, or<br>transferred | Last balance<br>before closing or<br>transfer |
| 21. | Do you now have, or did you have within 1 ye cash, or other valuables?   | ar before you filed for ba   | ankruptcy, any              | safe depo  | osit box or other deposi                                      | tory for securities,                          |
|     | ■ No □ Yes. Fill in the details.   |  |                             |            |   |   |
|     | Name of Financial Institution Address (Number, Street, City, State and ZIP Code)   | Who else had acces<br>Address (Number, Stree<br>State and ZIP Code)            |                             | escribe tl | ne contents   | Do you still have it?                         |
| 22. | Have you stored property in a storage unit or  ■ No □ Yes. Fill in the details.  | place other than your ho   | ome within 1 ye             | ear before | you filed for bankruptc                                       | y?  |
|     | Name of Storage Facility<br>Address (Number, Street, City, State and ZIP Code)   | Who else has or had<br>to it?<br>Address (Number, Stree<br>State and ZIP Code) | _                           | escribe tl | ne contents   | Do you still have it?                         |
|     | Do you hold or control any property that some for someone.  No Yes. Fill in the details.   |  | e any property              | you borro  | owed from, are storing fo                                     | or, or hold in trust                          |
|     | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)   | Where is the proper<br>(Number, Street, City, State<br>Code)                   |                             | escribe tl | ne property   | Value   |
| Pa  | rt 10: Give Details About Environmental Infor  | mation   |                             |            |   |   |
| For | the purpose of Part 10, the following definition   | ns apply:  |                             |            |   |   |
|     | Environmental law means any federal, state, or toxic substances, wastes, or material into the regulations controlling the cleanup of these s                               | air, land, soil, surface w   | ater, groundw               |            |   |   |
|     | Site means any location, facility, or property a to own, operate, or utilize it, including dispos  | -  | vironmental lav             | v, whethe  | r you now own, operate  | , or utilize it or used                       |
|     | Hazardous material means anything an environment hazardous material, pollutant, contaminant, o   |  | a hazardous w               | aste, haz  | ardous substance, toxic                                       | substance,                                    |
| Rep | oort all notices, releases, and proceedings that   | you know about, regard   | less of when th             | ney occur  | red.  |   |
| 24. | Has any governmental unit notified you that y  | ou may be liable or pote   | entially liable ur          | nder or in | violation of an environn                                      | nental law?                                   |
|     | ■ No □ Yes. Fill in the details.   |  |                             |            |   |   |
|     | Name of site   | Governmental unit  |                             | Enviro     | nmental law, if you   | Date of notice                                |

Address (Number, Street, City, State and

ZIP Code)

know it

Address (Number, Street, City, State and ZIP Code)

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|   | Add   | dress hber, Street, City, State and ZIP Code)  | Name of accountant or bookkeeper   | Do not include Social Security  |                   |  |  |  |
|---|---|--|--|---|-------------------|--|--|--|
|   | Add   | siness Name<br>dress   | ill in the details below for each business.  Describe the nature of the business   |   |                   |  |  |  |
|   | <b>=</b>  | No. None of the above applies. Go to   | ng or equity securities of a corporation Part 12.  |   |                   |  |  |  |
|   |   | ☐ An owner of at least 5% of the voti  | ng or equity securities of a corporation   |   |                   |  |  |  |
|   |   | ☐ An owner of at least 5% of the voti  | ng or equity securities of a corporation   |   |                   |  |  |  |
|   | _   |  |  |   |                   |  |  |  |
|   |   |  |  |   |                   |  |  |  |
|   |   | No. None of the above applies. Go to   | Part 12.   |   |                   |  |  |  |
|   | _   |  |  |   |                   |  |  |  |
|   |   | Yes. Check all that apply above and fi   | ill in the details below for each business.  |   |                   |  |  |  |
|   | Bus   |  |  |   |                   |  |  |  |
|   | Add   | dress  | Describe the nature of the business  |   |                   |  |  |  |
|   |   |  | Name of accountant or bookkeeper   | Do not include Social Security  | number or ITIN.   |  |  |  |
|   | (Nun  | nber, Street, City, State and ZIP Code)  | Name of accountant or bookkeeper   | Dates husiness existed  |                   |  |  |  |
|   |   |  |  | Dates business existed  |                   |  |  |  |
| 28.   |   | in 2 years before you filed for bankrup<br>tutions, creditors, or other parties.<br>No<br>Yes. Fill in the details below.  | otcy, did you give a financial statement to  | anyone about your business? Incl  | ude all financial |  |  |  |
|   |   |  |  |   |                   |  |  |  |
|   | _   |  | Date Issued  |   |                   |  |  |  |
|   |   | ne<br>dress<br>nber, Street, City, State and ZIP Code)   |  |   |                   |  |  |  |
|   | Add<br>(Num   | dress<br>nber, Street, City, State and ZIP Code)   |  |   |                   |  |  |  |
| Pai   | Add<br>(Num   | dress  |  |   |                   |  |  |  |
| l ha<br>are<br>with                                   | Add<br>(Num<br>rt 12:<br>ve rea<br>true a<br>n a ba<br>J.S.C.                                     | dress  aber, Street, City, State and ZIP Code)  Sign Below  ad the answers on this Statement of Frand correct. I understand that making ankruptcy case can result in fines up to §§ 152, 1341, 1519, and 3571.   | inancial Affairs and any attachments, and<br>a false statement, concealing property, or<br>b \$250,000, or imprisonment for up to 20 ye  | obtaining money or property by fra  |                   |  |  |  |
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| ha<br>are<br>with<br>18 U<br>/s/<br>Ari<br>Sig<br>Dat | rt 12:  ve reatrue and a bad J.S.C.  Arther Ignatur  te A   | dress nber, Street, City, State and ZIP Code)  Sign Below  and the answers on this Statement of France correct. I understand that making nkruptcy case can result in fines up to §§ 152, 1341, 1519, and 3571.  er Robinson Robinson re of Debtor 1  April 28, 2016  | inancial Affairs and any attachments, and a false statement, concealing property, or 5 \$250,000, or imprisonment for up to 20 years.  Signature of Debtor 2  Date   | obtaining money or property by fra<br>ears, or both.                                  | aud in connection |  |  |  |
| haare<br>with<br>18 U<br>/s/<br>Ari<br>Sig<br>Dar     | Add<br>(Num<br>rt 12:<br>ve rea<br>true a<br>n a ba<br>J.S.C.<br>Arth<br>ther I<br>gnatur<br>te A | dress nber, Street, City, State and ZIP Code)  Sign Below  and the answers on this Statement of France correct. I understand that making nkruptcy case can result in fines up to §§ 152, 1341, 1519, and 3571.  er Robinson Robinson re of Debtor 1  April 28, 2016  | inancial Affairs and any attachments, and a false statement, concealing property, or 5 \$250,000, or imprisonment for up to 20 years.  Signature of Debtor 2  Date   | obtaining money or property by fra<br>ears, or both.                                  | aud in connection |  |  |  |
| haare<br>with<br>18 U<br>/s/<br>Ari<br>Sig<br>Dar     | Add<br>(Num<br>rt 12:<br>ve rea<br>true a<br>n a ba<br>J.S.C.<br>Arth<br>ther I<br>gnatur<br>te A | dress nber, Street, City, State and ZIP Code)  Sign Below  and the answers on this Statement of France correct. I understand that making nkruptcy case can result in fines up to §§ 152, 1341, 1519, and 3571.  er Robinson Robinson re of Debtor 1  April 28, 2016  | inancial Affairs and any attachments, and a false statement, concealing property, or 5 \$250,000, or imprisonment for up to 20 years.  Signature of Debtor 2  Date   | obtaining money or property by fra<br>ears, or both.                                  | aud in connection |  |  |  |
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| haare with 18 U /s/ Art Sig                           | ve reatrue and a bad J.S.C.  Arthether I gnature te A you a look yes                              | dress nber, Street, City, State and ZIP Code)  Sign Below  and the answers on this Statement of Fland correct. I understand that making nkruptcy case can result in fines up to §§ 152, 1341, 1519, and 3571.  er Robinson Robinson re of Debtor 1  April 28, 2016  attach additional pages to Your Statem bay or agree to pay someone who is no | inancial Affairs and any attachments, and a false statement, concealing property, or b \$250,000, or imprisonment for up to 20 yr  Signature of Debtor 2  Date  ment of Financial Affairs for Individuals Fili | obtaining money or property by freears, or both.  ing for Bankruptcy (Official Form 1 | aud in connection |  |  |  |

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Debtor 1 Arther Robinson

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| Fill in this infor  | rmation to identify your                               | case:                       |   |              |                       |
|---------------------|--|-----------------------------|---|--------------|-----------------------|
| Debtor 1            | Arther Robinson  |                             |   |              |                       |
|                     | First Name   | Middle Name                 | Last Name   |              |                       |
| Debtor 2            |  |                             |   |              |                       |
| (Spouse if, filing) | First Name   | Middle Name                 | Last Name   |              |                       |
| United States B     | ankruptcy Court for the:                               | NORTHERN DISTRICT           | OF ILLINOIS   |              |                       |
| Case number         |  |                             |   |              |                       |
| (if known)          |  |                             |   |              | ☐ Check if this is an |
|                     |  |                             |   |              | amended filing        |
| Official Fo         |  | n for Individu              | uals Filing Unde  | er Chapter 7 | 12/15                 |
| If you are an inc   | dividual filing under cha                              | pter 7, you must fill out t | his form if:  |              |                       |
| creditors have      | ve claims secured by yo                                | ur property, or             |   |              |                       |
| You must file th    | is form with the court w<br>ever is earlier, unless th |                             | oired.<br>ile your bankruptcy petition o<br>e for cause. You must also so |              |                       |

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

| Identify the creditor and the property that is collateral | What do you intend to do with the property that secures a debt?    | Did you claim the property as exempt on Schedule C |
|---|--|--|
| Creditor's  | ☐ Surrender the property.  | □ No   |
| name:   | Retain the property and redeem it.                                 |  |
| Description of  | ☐ Retain the property and enter into a<br>Reaffirmation Agreement. | ☐ Yes  |
| property  | ☐ Retain the property and [explain]:                               |  |
| securing debt:  |  |  |
| Creditor's  | ☐ Surrender the property.  | □ No   |
| name:   | ☐ Retain the property and redeem it.                               |  |
| Description of  | ☐ Retain the property and enter into a<br>Reaffirmation Agreement. | ☐ Yes  |
| property  | ☐ Retain the property and [explain]:                               |  |
| securing debt:  |  |  |
| Creditor's  | ☐ Surrender the property.  | □ No   |
| name:   | ☐ Retain the property and redeem it.                               |  |
| Description of  | ☐ Retain the property and enter into a<br>Reaffirmation Agreement. | ☐ Yes  |
| property  | ☐ Retain the property and [explain]:                               |  |
| securing debt:  |  |  |
| Creditor's  | ☐ Surrender the property.  | □ No   |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

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| Debtor 1 Arther Robinson |                               |   | Case number   | Case number (if known)                      |  |  |  |
|--------------------------|-------------------------------|---|---|---|--|--|--|
| r                        | name:                         |   | <ul><li>☐ Retain the property and redeem it.</li><li>☐ Retain the property and enter into a</li></ul>   | ☐ Yes                                       |  |  |  |
|                          | Description of                |   | Reaffirmation Agreement.  |   |  |  |  |
| p                        | property                      |   | ☐ Retain the property and [explain]:  |   |  |  |  |
| S                        | securing debt:                |   |   |   |  |  |  |
| or<br>n th               | any unexpired p               | elow. Do not list real estate le                              | y Leases<br>rou listed in Schedule G: Executory Contracts and<br>eases. Unexpired leases are leases that are still in<br>y lease if the trustee does not assume it. 11 U.S.C. | effect; the lease period has not yet ended. |  |  |  |
| Des                      | scribe your unex              | pired personal property leas                                  | es  | Will the lease be assumed?                  |  |  |  |
| Les                      | sor's name:                   | Johnny Wilson   |   | □ No  |  |  |  |
|                          |                               |   |   | Yes   |  |  |  |
| Pro                      | scription of leased<br>perty: |   | contributes \$550.00 per month to the house   | hold.                                       |  |  |  |
| Jnd                      | er penalty of per             | jury, I declare that I have ind<br>ect to an unexpired lease. | licated my intention about any property of my estat   | te that secures a debt and any personal     |  |  |  |
| ^                        | Arther Robins Signature of De | son   | Signature of Debtor 2   |   |  |  |  |
|                          | Date April                    | 28, 2016  | Date  |   |  |  |  |

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure</a>.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 16-14507 Doc 1 Filed 04/28/16 Entered 04/28/16 16:03:45 Desc Main Document Page 50 of 55

B2030 (Form 2030) (12/15)

## **United States Bankruptcy Court**Northern District of Illinois

| In re | Arther Robinson  |                                       | Case No.             |                                    |   |  |  |  |
|-------|--|---------------------------------------|----------------------|------------------------------------|---|--|--|--|
|       |  | Debtor(s)                             | Chapter              | 7                                  |   |  |  |  |
|       | DISCLOSURE OF COME   | PENSATION OF ATTOR                    | RNEY FOR D           | EBTOR(S)                           |   |  |  |  |
| (     | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 20 compensation paid to me within one year before the be rendered on behalf of the debtor(s) in contemplati  | filing of the petition in bankruptcy, | or agreed to be paid | to me, for services rendered or t  | Э |  |  |  |
|       |  |                                       |                      | 350.00                             |   |  |  |  |
|       | Prior to the filing of this statement I have receive   | /ed                                   | \$                   | 350.00                             |   |  |  |  |
|       | Balance Due  |                                       | \$                   | 0.00                               |   |  |  |  |
| 2.    | \$ 335.00 of the filing fee has been paid.   |                                       |                      |                                    |   |  |  |  |
| 3.    | The source of the compensation paid to me was:   |                                       |                      |                                    |   |  |  |  |
|       | ■ Debtor □ Other (specify):  |                                       |                      |                                    |   |  |  |  |
| 4.    | The source of compensation to be paid to me is:  |                                       |                      |                                    |   |  |  |  |
|       | ■ Debtor □ Other (specify):  |                                       |                      |                                    |   |  |  |  |
| 5.    | ■ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.   |                                       |                      |                                    |   |  |  |  |
|       | ☐ I have agreed to share the above-disclosed comp copy of the agreement, together with a list of the   |                                       |                      |                                    |   |  |  |  |
| 6.    | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:  |                                       |                      |                                    |   |  |  |  |
| l     | <ul> <li>a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;</li> <li>b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;</li> <li>c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;</li> <li>d. [Other provisions as needed]</li> <li>All legal services required pursuant to the flat fee option of this court.</li> </ul> |                                       |                      |                                    |   |  |  |  |
| 7. ]  | By agreement with the debtor(s), the above-disclosed fee does not include the following service:  Preparation of reaffirmation agreements.   |                                       |                      |                                    |   |  |  |  |
|       |  | CERTIFICATION                         |                      |                                    |   |  |  |  |
|       | I certify that the foregoing is a complete statement of ankruptcy proceeding.  | f any agreement or arrangement for    | payment to me for    | representation of the debtor(s) in |   |  |  |  |
| Α     | pril 28, 2016  | /s/ Rupa Sanghan                      | i                    |                                    |   |  |  |  |
| Date  |  | Rupa Sanghani IL                      | <b>.</b> #6300758    |                                    |   |  |  |  |
|       |  | Signature of Attorne Ross H Briggs    | y                    |                                    |   |  |  |  |
|       |  | 1525 E 53rd St. St                    | te. 423              |                                    |   |  |  |  |
|       |  | Chicago, IL 60615                     |                      |                                    |   |  |  |  |
|       |  | 773-220-7007 Fa:<br>firm13chicago@g   |                      |                                    |   |  |  |  |

Name of law firm

### **United States Bankruptcy Court** Northern District of Illinois

| In re | Arther Robinson   |   | Case No. |   |  |  |
|-------|---|---|----------|---|--|--|
|       |   | Debtor(s)   | Chapter  | 7 |  |  |
|       | VERIFICATION OF CREDITOR MATRIX   |   |          |   |  |  |
|       |   | Number of Creditors: 30                                 |          |   |  |  |
|       | The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge. |   |          |   |  |  |
| Date: | April 28, 2016  | /s/ Arther Robinson Arther Robinson Signature of Debtor |          |   |  |  |

Adventist Hinsdale Hospital P.O. Box 9247 Hinsdale, IL 60522

AmeriCredit/GM Financial Po Box 183583 Arlington, TX 76096

Aspire Po Box 105555 Atlanta, GA 30348

Cap One 12447 Sw 69th Ave Tigard, OR 97223

Capital One Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130

Capital One Bank (USA), N.A. c/o FREEDMAN ANSELMO LINDBERG 1771 W DIEHL 150 Naperville, IL 60566

Capital One Bank NA c/o FirstSource Advantage LLC P.O. Box 628 Buffalo, NY 14240

Capital One Bank USA NA c/o Blitte and Gaines PC 661 Glen Ave Wheeling, IL 60090

CBCS/ AT&T Midwest PO Box 163250 Columbus, OH 43216

Cci Contract Callers I Augusta, GA 30901 Chase Attn: Correspondence Dept Po Box 15298 Wilmington, DE 19850

Credit One Bank
P.O. Box 98873
Las Vegas, NV 89193-8873

Credit One Bank, NA c/o Midland Credit Management P.O. Box 60578 Los Angeles, CA 90060-0578

Dvra Billing Attention: Bankruptcy Department Po Box 2549 Carlsbad, CA 92018

Emergency Healthcare Physicians 39182 Treasury Center Chicago, IL 60694

Equable Ascent Financial LLC/Chase c/o BLATT HASENMILLER LEIBSKE 10 S LASALLE #2200 Chicago, IL 60603

ERC/Enhanced Recovery Corp 8014 Bayberry Rd Jacksonville, FL 32256

First Premier Bank 3820 N Louise Ave Sioux Falls, SD 57107

Ford Credit National Bankrupcy Service Center Po Box 62180 Colorado Springs, CO 80962

Hsbc Bank Usa, Na Po Box 2013 Buffalo, NY 14240 Johnny Wilson 824 N Springfield Chicago, IL 60651

Midland Funding 2365 Northside Dr Suite 300 San Diego, CA 92108

Orchard Bank HSBC PO Box 60102 City of Industry, CA 91716

Orchard Bank Platinum Mastercard c/o Receivables Performance Managem PO Box 1548
Lynnwood, WA 98046

Peoples Gas 200 E Randolph St 20th Floor Chicago, IL 60601

Portfolio Recovery Assoc./HSBC Bank c/o Timothy K. Liou 900 West Washington Blvd. Chicago, IL 60607-2298

Portfolio Recovery Associates/HSBC c/o BLATT HASENMILLER LEIBSKE 10 S LASALLE #2200 Chicago, IL 60603

St Mary Medical Center c/o MiraMed Revenue Group 991 Oak Creek Dr. Lombard, IL 60148

St Mary's & Elizabeth Medical Cente c/o Grant & Weber, INC 861 Coronado Center Dr. Ste. 211 Henderson, NV 89052

Village of Oak Brook P.O. Box 457 Wheeling, IL 60090